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**SEX ROLES AND CLINICAL JUDGEMENT  
AMONG SOCIAL WORK STUDENTS**

by

© Vivian Schachert Cattaneo

A Thesis  
submitted to the Faculty of Graduate Studies  
through the School of Social Work  
, in partial fulfillment of the requirements  
for the Degree of Master of Social Work  
at the University of Windsor

Windsor, Ontario, Canada

1986

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1986

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THE UNIVERSITY OF WINDSOR  
SCHOOL OF SOCIAL WORK

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7

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## ABSTRACT

The relationship between sex role identity and clinical judgement of social work students was explored with a sample of 60 Fourth Year undergraduate and 21 Master's students at the School of Social Work, University of Windsor.

Respondents completed a survey which included four instruments: a case history depicting an androgynous female client, a clinical judgement instrument, the Bem Sex Role Inventory (BSRI), and a demographic information questionnaire. The largest sex role category found was the androgynous. The sex role distribution of the graduate students was found to be similar to that of practitioners in an 1981 study by Weinberg. The proportion of androgynous fourth year students, however, was lower than the proportion reported by Weinberg in 1981.

Older students made more positive clinical judgements of the client than did younger students. Students with social work employment experience had a more unfavourable prognosis of the client than students with no social work employment experience. Finally, students with more volunteer experience rated the client more negatively than did students with less volunteer experience.

The relationship of sex roles to clinical judgement was inconclusive. Undifferentiated students were found to be significantly different from the others on four clinical

judgement items. In addition to this they judged the client in more negative terms.

In general, students reported preferring to work with female clients. Androgynous and masculine students, however, were more likely than others to prefer to work with males. Sex of the students was not related to sex role identity distribution.

Recommendations were made for social work education, practice, and research. In particular, hypotheses were developed, based on the findings, for testing in future studies pertaining to sex roles and clinical judgement among social work students.



For Jessica, Benjie and Julian, who share my life.

## ACKNOWLEDGEMENTS

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In the first place I must acknowledge the support of the members of my Committee. Dr. Rosemary Cassano, my chairperson, gave me encouragement, support, and spent many hours reading my submissions, discussing the project, and helping me to focus my efforts. Her enthusiasm and ideas significantly improved the quality of this project. Thanks are also due to Dr. Forrest "Bud" Hansen for helping me hone my skills in quantitative analysis, and to Dr. P. Andiappan for his calm and thoughtful suggestions.

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## CHAPTER I

### INTRODUCTION

#### Purpose and Context of the Study

The purpose of this study is twofold. First, the study seeks to make explicit the sex role identity of social work students. Second, the study attempts to determine if there is a relationship between the sex role identity of social work students and their clinical judgement.

The feminist movement of the 1960's and 70's heightened awareness of how men and women differ in terms of their social and economic realities. The movement focused on women as the disadvantaged sex in our society. Women, however, have been a majority of the population for some time. According to Statistics Canada (1985), 51 percent of the Canadian population is female. This is primarily a result of the fact that women live longer than men: the life expectancy of girls born in 1981 is 79, while that of boys born in the same year is 72.

A reflection of women's longer life expectancy is that, in 1981, 32 percent of women 65 and over lived alone. In fact, women 15 and over living alone increased from 6 percent to 10 percent between 1971 and 1981. Further, it is interesting to note that in 1981 one out of ten families is a single parent family headed by a woman.



In 1982-83, 51 percent of all university students were women. Only 37 percent were women in 1970-71. Despite this increase, women are underrepresented at the graduate level and remain in traditionally female careers.

There has been an increase in women's participation in the labour force from 38 percent in 1970 to 53 percent in 1983. Women, however, still concentrate in the traditional female jobs and earn substantially less than men. This gap appears to be slowly narrowing. In 1982, the average earnings of women were 64 percent of those of men. In 1971, the average earnings of women were 60 percent of those of men. Despite this increase, 45% of families headed by women and 60% of unattached elderly women had incomes below the poverty line.

According to Statistics Canada (1985), some changes have occurred since the emergence of the feminist movement. Social and economic opportunities for women expanded, but progress in some areas has been slow due to the inadequate response of social institutions. Women still lack the power and resources that men enjoy. Pressures on men to succeed and to behave in certain traditional ways, however, continue practically unabated.

Another area that has received considerable attention is sex differences in mental health. Men and women appear to differ in the kinds of psychopathology they experience. For instance, women are more likely to fall in the

categories that focus on emotional states, while men are more prone to antisocial categories (Greenglass, 1982).

Numerous studies indicate that the psychological characteristics associated with the traditional roles of femininity and masculinity play a significant part in psychopathology. Conforming to traditional feminine sex roles has been found to be particularly negative to the mental health of women (Greenglass, 1982; Lewis, 1976; Widom, 1984). Those men and women who are androgynous (high in both masculine and feminine traits), on the other hand, have been found to be highly adaptive to today's life-style (Bem, 1980; Holt & Datan, 1984; Kaplan, 1980; Marecek, 1979).

These differences between the mental health of men and women have been the source of considerable debate among scientists. The approach of some scientists is to interpret these differences as natural consequences of the different biological make-up of the sexes. The opposing viewpoint is that differences among the sexes are the direct result of the learning of cultural definitions of masculinity and femininity.

The strongest empirical support for sex differences in mental health, however, focuses on the areas of sex role socialization, the attitudes towards sex roles, and sex-role stereotypes. These three interrelated variables have been found to be associated with the assessment and treatment of clients in a therapeutic situation.

Social workers are not immune to the effects of society's sex role socialization process and sex-role stereotypes. It is very important, therefore, to assess if the clinical judgement they make about their clients is affected by such factors. This study examines the clinical judgement of social work students in terms of their own sex roles.

### Presentation of the Study

There are three relevant reasons to undertake this study. First, this project is timely. Past research focused mainly on practitioners rather than on students. Students are the social workers of the near future. It is important to know how they relate to this issue. Consequently, schools of social work may need to adjust their curricula to sensitize social work students to the impact of their sex roles on their clinical judgement. Further, the study will determine if any changes occurred in the sex role identity of students since 1981, when 34 percent of 4th year students at the University of Windsor were found to be androgynous, 28 percent masculine, 19 percent feminine and 19 percent undifferentiated (Weinberg, 1981).

Second, this study has implications for practice. Students have clients in their field placements. They will also be a few months short of graduation as professional social workers. Therefore, it is important to understand if there is a relationship between the sex roles of social work

students and their social work practice. Comparison of the results of this study with those of similar studies of practitioners will allow us to develop ideas with regard to the relationship among professional experience, the sex role of social work students or practitioners, and their clinical judgement.

Finally, this study will fill a research void. Most studies have examined the sex of the subjects in relation to their clinical judgement. Empirical studies, however, show that sex role is a more relevant variable than biological sex. Therefore, this study looks at the sex role identity of students in relation to clinical judgement.

A modified version of Fischer, Dulaney, Fazio, Hudak and Zivotofsky (1976) and Dailey's (1983) studies was chosen for this project for the following reasons:

- 1) The instrument, which was designed by a social worker, has the terminology and subject matter of the profession;
- 2) The sex role (masculine, feminine, or androgynous) of the social worker is taken into account;
- 3) This study uses a case history rather than forced-choice measures only;
- 4) The concept of androgyny is considered as a possible sex role for the client.

An extensive review of the literature pertaining to sex roles and mental health is presented in Chapter II. This chapter identifies sex roles (masculinity, femininity or

androgyny) and sex role stereotypes as main factors that affect clinical judgement among practitioners.

The research methodology is discussed in Chapter III. This study was classified as exploratory, since no previous research has been conducted in the areas of sex roles and clinical judgement with social work students. The study attempts to answer two main questions: 1) What are the sex role identities of social work students? and 2) Is there a relationship between the sex role identities of social work students and their clinical judgement?

In order to answer these questions, a group administered survey questionnaire was employed. The questionnaire consisted of four instruments: A case history depicting an androgynous female client, a clinical judgement inventory, the Bem Sex Role Inventory to assess the social work students' sex roles, and a demographic information section. The instruments were completed by 60 undergraduate students and 21 graduate students. Chapter III also discusses the data analysis methods which were used to answer the research questions.

In Chapter IV the analysis of the data and findings are presented. In particular, this chapter focuses on the description of the sample and the analysis of the findings relevant to answering the research questions. To analyze such data, a variety of statistical procedures were carried out.

Interpretation of the findings in relation to the literature review and the empirical studies carried out in the area of clinical judgement are discussed in Chapter V. As a result of the findings and interpretations of the study conclusions and recommendations are provided in Chapter VI.

## CHAPTER II

### REVIEW OF THE LITERATURE

To better understand the clinical judgement of practitioners in relation to their sex roles, the review of the literature will focus on four areas: 1) sex differences in mental health, 2) sex roles (masculinity, femininity, and androgyny): implications for mental health, 3) stereotypes and psychotherapy, and 4) social work and sexism: implications for social work practice.

Considerable research and literature on the study of sex differences and sex roles emerged during the last decade as a consequence of the women's movement. Proof of this is the publication of several books on the topic and the development of journals such as Sex Roles, Psychology of Women Quarterly, Feminist Studies, Women's Studies International Quarterly, and others.

There were limitations to the literature reviewed. Literature sources for this project were more abundant in the area of psychology than in social work. While social work journals address the issue of sexism, this information is sporadic and at times of questionable quality (Rauch, 1978). Further, it appears that there has been a slowdown in the study of sexism in social work journals.

Most of the literature concentrated solely on the negative implications of the sex role definition for women. It did not focus on the positive aspects of the female role. The literature is very limited in terms of men's issues as well.

Finally, most of the literature presented in this study was produced in the United States. Little research, apart from some demographic statistics, however, was carried out in Canada.

### Sex Differences in Mental Health

In order to analyze sexual differences in mental health, studies of the use of mental health facilities, community surveys, and the self-reports of men and women regarding their psychiatric symptoms, were conducted. Such studies appear to indicate that women suffer from mental problems more than men.

### Utilization of Mental Health Facilities

Gove (1979) indicated that in the United States in the late 60's, women had higher rates of first admissions to psychiatric hospitals than men. These included public mental hospitals (state and county) and private mental hospitals. He also reported that women had higher rates of admissions than men to psychiatric wards in general hospitals, to psychiatric outpatient facilities and to private practice. Chesler (1972) reports similar findings in Women and Madness.



These findings have not been completely supported by later studies. For instance, Belle (1980) found that in the 1970's first admission rates, men were overrepresented in public mental hospitals (state and county), while women were overrepresented in private mental hospitals. She also found that men and women were represented equally in community mental health centers and in outpatient psychiatric facilities.

With respect to hospitalization in public mental hospitals, Canadian statistics appear to support Belle's (1980) findings. Smith (1975) found that in 1970, 76 percent of all first admissions for in-patient treatment in Canada were provided in public mental hospitals and in psychiatric units of general hospitals. Women comprise 39 percent of all first admissions to public mental hospitals.

Sixty percent of all admissions to private psychiatric units, however, are women. According to Statistics Canada (1985), only 41 percent of Canadian women were released from a mental or psychiatric hospital as compared to the 59 percent of men. Unfortunately, discharge data from psychiatric wards in general hospitals was not computed.

Inconsistencies in findings between Gove (1979), Belle (1980) and Statistics Canada can be attributed in part to how mental illness is defined. According to Gove (1979), mental illness is

a disorder that involves personal discomfort (as indicated by distress, anxiety, depression, etc.) and/or mental disorganization (as indicated by confusion, thought blockage, motor retardation,

and in the more extreme cases, by hallucinations and delusions) that is not caused by an organic or toxic condition (p. 24).

This definition includes neurotic disorders, functional psychoses, transient situational disorders, and psychophysiological disorders (somatic symptoms due to emotional distress). As Dohrenwend and Dohrenwend (1976) indicate, Gove's narrow definition excludes personality dysfunctions which are more prevalent in men.

Findings on rates of utilization of mental health services have been contradictory. They also do not provide actual data on the differences between the sexes in relation to mental illness. The above data only indicate sex differences in those who receive some form of treatment.

#### Community Surveys

Information on community surveys appear to be more representative of the distribution of mental illness among the sexes. These studies, which were conducted in the U.S., Europe and Canada, take into account both treated and untreated cases (Al-Issa, 1982b).

The studies indicate that women had higher rates of mental illness than men (Gove, 1979; Goldman & Ravid, 1980; Weissman & Klerman, 1977). Despite Gove's exclusion of personality disorders, it was found that men had consistently higher incidence of overall mental illness than women before World War II (Gove & Tudor, 1973). This finding was later confirmed by the Dohrenwends in 1976. Dohrenwend and Dohrenwend (1976) also found that the overall

rates of mental illness increased substantially for both men and women after World War II.

There appears to be some consistency, however, across time regarding the type of psychiatric disorders men and women seem to experience. For instance, Neugebauer, Dohrenwend and Dohrenwend (1980) did not find a clear pattern of sex differences for the psychoses, in general, or for schizophrenia, in particular. They did find a trend for affective disorders, however, to be more frequent among women. In fact, the consistency of differences between the sexes regarding the incidence of neuroses and personality disorders appears to be striking.

With respect to neuroses, women appear to have on the average a rate greater than twice the rate of men (Gove, 1979; Neugebauer et al., 1980). For personality disorders, the ratio of males to females is 3:2. Neugebauer et al., however, indicated that this figure underestimated the differences between the sexes. Males who were given this diagnosis spent considerable part of their lives in prison. Prisoners are not included in the statistics.

Regarding the types of psychopathology men and women experience, Statistics Canada (1985) reported similar findings. According to discharges from mental and psychiatric hospitals in 1981-82, women predominate in affective psychoses and neuroses. Men are overrepresented in personality disorders, alcoholism, and schizophrenia.

The existence of sex differences in specific forms of mental illness, however, has been challenged by some researchers. For example, surveys conducted in North America by Hammen (1982) and in developing countries (Ananth, 1978; O'Leary & Wing, 1979; Seiden, 1976) did not find sexual differences in depression. Goldman and Ravid (1980), after reviewing a series of community surveys, concluded that the interaction between sex and mental illness varied depending on the specific form of mental illness being considered.

Neugebauer et al. (1980) emphasized that sex differences in mental health are more a function of the methods used to diagnose mental illness. As Dohrenwend and Dohrenwend (1969) indicate,

clinical judgment was the tool relied upon for case identification in almost all studies. The validity of the results is assumed to be implicit in the diagnostic process, a dubious assumption in light of World War II experience in psychiatric screening (p. 170).

#### Self-Report Data

Other studies indicate that women claim to have more mental problems than men. Statistics Canada (1985) reported that according to the Affect Balance Scale and the Health Opinion Survey, women demonstrated more anxiety and depression than did men. Interestingly, women who had jobs outside their homes reported fewer negative feelings than women who stayed at home. Unemployed women and women who were not in the labour force reported to be more anxious and depressed than did men and women who had jobs.

The literature explains such differences by indicating that while women actually may not have more psychopathology, they report more physical and psychiatric problems than do men (Cooperstock, 1978; Mechanic, 1974; Nathanson, 1975; Phillips & Segal, 1969). Further, Lewis (1976) also found that while women tended to devalue themselves, men tended to overestimate themselves. Moreover, women tended to have greater interest in and respect for psychiatry than did men.

In light of these studies, it can be concluded that sex as a subject variable has been a poor predictor of the "true" prevalence of differences in mental health. Deaux (1984) arrived at similar conclusions when reviewing psychological differences between the sexes. As she indicates:

Sex-of-subject differences are less pervasive than many have thought. Main effects of sex are frequently qualified by situational interactions, and the selection of tasks plays a critical role in eliciting or suppressing differences (p. 108).

The determination of actual sexual differences in mental health involves a complex of other variables. As was seen, mental illness is more a function of how mental illness is defined, the diagnosis being made for men and for women, and the behaviours men and women tend to assume according to their sex.

A more useful approach is to explain sex differences in terms of individual sex roles.

8

## Sex Roles (Masculinity, Femininity and Androgyny):

### Implications for Mental Health

Psychologists sought to explain sex differences in terms of individual sex roles. Erikson and Freud perceived behavioural and psychological patterns of men and women as the direct result of their biological make-up.

Erikson, for instance argued that the reproductive functions of men (outer-space oriented) and women (inner-space oriented) shaped their personality characteristics differently (Lerner & Spanier, 1980). Similarly, Freud viewed the faulty development of women's superego as a direct result of an unresolved Oedipal complex due to lack of a penis (Wesley, 1975).

Many studies do not support Erikson and Freud's deterministic view of human sex roles (Greenglass, 1982; Lerner & Spanier, 1980). Recent research favours the nurturance approach. It views sex role as the outcome of a socialization process rather than the biological determinism of the nature approach (Greenglass, 1982).

### Femininity, Masculinity, and Androgyny

Femininity and masculinity were viewed by most scientists until the early 70's as two mutually exclusive variables. In fact, it was assumed that masculinity and femininity represented the two polar opposites of a single dimension rather than a complex conglomerate of variables (Deaux, 1984).

The bipolarity concept was challenged by several scientists (Bakan, 1966; Block, 1973; Constantinople, 1973). According to the new theory, masculinity and femininity characteristics were independent and separate. Therefore, both men and women could possess such traits in various degrees (Deaux, 1984).

Since the inception of this approach, several instruments were developed that measured masculinity and femininity as separate concepts. Some of these were the Bem Sex Role Inventory (BSRI) designed by Bem (1974), the Personal Attributes Questionnaire (PAC) designed by Spence, Helmreich and Stapp (1975), and the Masculinity-Femininity Scale of the Adjective Check List (ACL) designed by Heilbrun (1976).

The first and most widely used instrument, the Bem Sex Role Inventory (BSRI), is a self-report questionnaire that contains 60 personality characteristics. Twenty of those items consist of feminine traits (gentle, warm, affectionate, etc.); 20 items consist of masculine traits (aggressive, independent, analytical, etc.), and 20 are neutral items (cheerful, happy, indifferent, etc.). Respondents are asked to rate themselves on each trait. In this instrument a person can score high on both masculinity and femininity, low on both sex roles, or high on one sex role and low on the other.

The view of masculinity and femininity as separate characteristics gave rise to the concept of androgyny.

Borrowed from the Greek, androgyny refers to persons who had the physical characteristics of both sexes. In this case psychological androgyny refers to the combination of psychological characteristics of both sexes. Therefore, the androgynous person, regardless of sex, would score high in both masculine and feminine characteristics. Bem (1974) defined the androgynous person as "both masculine and feminine, both assertive and yielding, both instrumental and expressive" (p. 155).

Females that score high in femininity only and males that score high in masculinity only are said to be sex-typed. Bem (1977) reported that in a sample of college students, over one third of the sample described themselves as sex typed. On the other hand, one quarter described themselves as androgynous, one quarter described themselves as undifferentiated. Less than one fifth described themselves as "sex reversed" (i.e. males scoring high on femininity only and females scoring high on masculinity only).

According to Bem (1974), the androgynous person regardless of sex, assumes whatever behaviour is necessary, (masculine or feminine) depending on which is appropriate to the situation. Bem perceived androgyny as the mental health ideal because of its flexibility, adaptability and effectiveness. Sex typed persons, on the other hand, were expected to be more limited and rigid in their attributes and behaviours.



A number of studies confirm Bem's assumptions on androgyny as a model to achieve in mental health. Kaplan (1974) indicated that high rates of sex typed behaviour in females correlated with high anxiety, low self-esteem, low social acceptance, low intellectual ability, and poor emotional adjustment. The androgynous person, on the other hand, was found to have the highest self-esteem followed by masculine, feminine and undifferentiated persons (Maffeo, 1982).

In reference to androgynous women, Block, von der Lippe and Block (1973) found that they were more outgoing, more successful in their profession and had less restricted personalities than other women studied. Further, Bem and Lenny (1976) found that androgynous women were more prone to perform "unfeminine" tasks than were sex typed women. Androgynous women found these tasks to be satisfying.

Marecek (1979) concluded that it could be easier for the androgynous woman to give up her feminine sex role of wife, mother or caretaker due to her openness to assume other roles. This finding is important in terms of mental health, since research indicates that marriage and motherhood are associated with high rates of mental illness in women (Belle, 1980; Gove, 1979; Greenglass, 1982; Widom, 1984).

Other findings revealed that androgynous persons are more effective in social situations (Bem, 1975). They also have high self-esteem, while those who are low in both

masculinity and femininity tend to have low self-esteem (Spence, Helmreich & Stapp, 1975).

Ickes and Barnes (1978) found that sex typed persons had difficulty interacting with members of the opposite sex. They indicated that sex typed females expect the males to initiate conversation while sex typed males usually withdraw since they are not very social and expressive. In regard to expressiveness, Bem (1977) reported that self-disclosure correlated with androgynity. This was later confirmed by Rodriguez, Neitzel and Berzin (1982) and by Kelly, O'Brien and Hosford (1981) who indicated that androgynous roles were associated with effective social skills.

Hinrichson, Follansbee, and Ganellen (1981) discovered that androgynous persons consistently reported higher psychological health and self-concept than did sex typed persons. In terms of intellectual ability, Maccoby (1966) found that analytical thinking, creativity and high general intelligence was associated with cross-sex typing.

Studies also indicated that androgynous persons have higher marital satisfaction when married to an androgynous spouse (Maffeo, 1982). This relationship was dependent upon the degree of the wife's involvement in a job. Maffeo also reported that persons with marital problems were less androgynous.

It appears that women gain more by conforming to androgynous roles than do men. This finding was supported by several studies reported by Greenglass (1982).

Researchers measured the sex-role orientation of 1404 college students of both sexes with the BSRI. They were also assessed on their psychological adjustment in areas such as neurosis, introversion-extroversion, sexual maturity, helplessness, self-esteem, etc. The findings indicated that flexibility and adjustment were associated with masculinity in both men and women. Androgynous men were not found to be significantly more adaptable, flexible or competent than masculine men. Masculine women were also more competent, adaptive, and secure than feminine women.

Greenglass also reported in subsequent studies that androgynous and feminine men wanted to become more masculine while masculine men did not wish to change. Interestingly, feminine women indicated the greatest desire to change for more masculine traits. Androgynous women indicated less desire to change while masculine women had the least desire to change.

These results were expected, as masculine traits are more successful and more rewarded in society. Due to these results, Greenglass (1982) questioned the concept of androgyny as a model for mental health.

Kelly and Worell (1977) also concluded that masculine traits had greater value than androgynous traits. They found that high self-esteem was associated primarily with masculine traits and minimally with feminine traits. This finding challenges the assumption that the feminine components of the androgynous personality are a source of

self-esteem. Kelly and Worell concluded that the same role behaviour may have different consequences depending upon whether a man or a woman displayed such behaviours.

Heilbrun (1981) carried out a series of studies with college students. Confirming Kelly and Worell's findings, high masculine males and females scored higher in self-esteem than did low masculine persons. Further, masculinity was positively related to overall competence for both sexes. Androgyny was also positively related to competence for both sexes, but more associated with high competence in females.

In terms of sex roles and psychological problems Heilbrun (1981) reported that low masculine clients of both sexes, but especially males, had a broader array of psychological problems than did high masculine client. He stated that since males have a higher level of androgyny than women "they stand to suffer more from a deficit in androgyny than to gain from an excess" (p. 108). The females, however, gain more from higher levels of androgyny than losing from its absence. It appears that the advantages of androgyny are due to the contributions of its masculine component (Moffat, 1982).

Other criticisms of the concept of androgyny as a model for mental health were identified. Vogel (1979) indicated that it cannot automatically be assumed that the androgynous person is necessarily a model of psychological health. Kaplan (1979) found from her practice experience that not all androgynous persons behave consistently in a flexible

fashion. Further, Kenworthy (1979) reported that androgynous females might be perceived more negatively than androgynous males in traditional settings.

Hoffman and Fidell (1979) found that sex typed middle class individuals may be very well adjusted in situations which require sex typed behaviour. Individuals may be maladjusted when situations call for cross-sex behaviour. They also found that masculine and androgynous women were more likely to have a job which they enjoyed than were feminine females. Sex typed women, on the other hand, were more likely to be housewives and caretakers, a task which they enjoyed. As Greenglass (1982) pointed out "It is likely, then, that degree of concordance among gender-role self-description, life circumstances, and perceived sources of satisfaction is the critical factor" (p. 254).

The most serious criticism of psychological androgyny is that the concept does not eliminate sex roles (Bem, 1975/1980; Greenglass, 1982; Deaux, 1984; Maffeo, 1982). Bem (1975/1980) indicated, however, that the more the concept of androgyny is absorbed by our culture, the concepts of masculinity and femininity will cease to matter. "Thus, when androgyny becomes a reality, the concept of androgyny will have been transcended" (p. 316).

The concept of androgyny is far from perfect. According to the literature, no alternative concept has been identified that can eliminate the limitations mentioned above. Awareness of the limitations of androgyny can help

scientists and practitioners overcome them in practice. For now, the concept of androgyny offers the possibility of a model for mental health that stresses union, wholeness and integration of sex roles (Kaplan & Bean, 1976).

### Traditional Sex Roles and Psychopathology

As mentioned earlier, masculinity and femininity are useful concepts for explaining sex differences in certain categories of mental illness. Conforming to traditional sex roles has been found to have negative psychological consequences. While high masculinity has been related to better adjustment (Mussen, 1969), Hartford, Willis and Deabler (1967) and Mussen (1962) found that it was accompanied by high anxiety and low self-esteem in adulthood. Similarly, high femininity in girls and women was related to high anxiety, low social acceptance, and low self-esteem (Cosentino & Heilbrun, 1964; Gall, 1969; Sears, 1970).

Research demonstrated that high masculine characteristics are associated with male patterns of mental illness, while feminine characteristics are associated with female patterns of psychopathology. A typical example of this is depression, where women tend to have higher rates than men (Goldman & Ravid, 1980; Hammen, 1982; Weissman & Klerman, 1977). Compatible with the traditional female role, depression is characterized by passivity, loss of energy, feelings of guilt and a deficit in the instrumental capacity to obtain rewards from the environment (Greenglass,

1982). Weissman and Klerman (1977) suggested that "elements of the traditional female role either through learned or real helplessness may contribute to depression" (p. 127). This theory assumes that women have learned they have no control over traumatic life events. By passively accepting traumatic situations, they increase their sense of helplessness, hopelessness and powerlessness.

Baucom and Danker-Brown (1979) found that differential susceptibility to helplessness is dependent upon sex roles rather than upon sex. By providing unresolvable problems these researchers provoked temporary mood and cognitive changes similar to depression in their subjects. According to their findings, sex typed persons lacked flexibility and resilience after loss of control in a given situation. In real life situations, however, masculine persons may know from past experience how to avoid uncomfortable situations that can cause depression.

Related to the theory of learned helplessness is the disadvantaged economic and social status of women compared to that of men. Radloff (1975), Brown, Bhrolchain and Harris (1975) and Gove (1979) reported that full-time housewives were more depressed than women who were employed outside the home. Statistics Canada (1985) reported similar findings. Weissman and Klerman (1977) contended that the role of the full-time housewife easily can lead to depression because of its low social status, its isolation from others, and its lack of rewards.

Most striking was the effect of sex role socialization and the preponderance of depression in married women, particularly those with small children. Married, divorced or separated women had higher rates of depression than did single women. Conversely, married men had lower rates of depression than did single, divorced, separated or widowed men (Cox & Radloff, 1984; Greenglass, 1982).

Gove (1972) explained such differences in married men and women in terms of the role of married women being more stressful. For women, the family is the only source of satisfaction. Men, on the other hand, have other sources of satisfaction besides their family. It appears that the attitudes, feelings and behaviours pertaining to the female role, in particular those related to marriage and motherhood, are highly correlated with depression among women.

Wolfe (1984) arrived at similar conclusions when analyzing phobias. While phobias are equally distributed among the sexes, agoraphobia is consistently diagnosed more in women. He contended that the limitations of the traditional female role places women in a greater risk to develop agoraphobia. He claimed that the constraints of their role produce a fearful and dependent personality that is characterized by avoidance of difficult life situations.

Winstead (1984) also found that the traditional female role was associated with the adoption of hysterical traits



which were more common in females than in males in our society.

Personality disorders, on the other hand, appear to be more common among men than women. Because of its impact upon society, however, this problem might be controlled by other means than by mental health professionals (Al-Issa, 1982a).

Alcoholism is more common among males. In reference to alcoholism and sex roles Greenglass (1982) stated that "A man's social standing among his male friends may depend on the extent to which he can imbibe large quantities of alcohol without any visible signs of drunkenness" (p. 222). When men drink in excess, however, they become aggressive, exhibiting an exaggerated form of masculinity traits. Women who drink, on the other hand, are subject to greater criticism than are drinking men (Fraser, 1973). Because of this criticism, physicians and therapists may fail to detect the female alcoholic. Therefore, alcoholic women may remain unrecognized and untreated (Fraser, 1973).

In reference to drug abuse, men again have higher rates of drug use than do women (Fidell, 1982). Similar to the alcoholic woman, women who are substance abusers elicit more negative responses because they may be unable to carry out their traditional female functions of caretakers and moral standard-bearers of society (Colten & March, 1984).

In terms of crimes, Widom (1984) reported that men predominate in crimes that represent their need to control

and exert power over others, such as rape, robbery and homicide. Female crimes, on the other hand, are less violent. These include shoplifting and prostitution (Al-Issa, 1980).

Schizophrenia is a form of psychosis usually more frequently diagnosed in men. Schizophrenia is defined in terms of personality disorganization, loss of reality, inability to relate to others, flat affect, hallucinations and delusions (Greenglass, 1982). Greenglass explained that men's overrepresentation in this psychopathology is partially the result of the traditional male role that rewards work, achievement and success. Because schizophrenia is characterized by withdrawal and passivity, men are unable to fulfill their role in the work force. Therefore, they might be identified as schizophrenics more often than women.

Sex role differences emerge in other forms of psychological problems such as sexual dysfunction, suicide, eating disorders and anxiety (Widom, 1984). Approaching mental health issues via measures of femininity, masculinity and androgyny is valuable. Sex roles, however, do not provide the only answer to sex differences in mental health.

#### Stereotypes and Psychotherapy


Another approach to sex differences in mental health, according to Deaux (1984), is to treat sex as a social category. Here the focus is on how people think men and women ought to differ rather than on how they actually do

differ. These expectations about how men and women differ are termed sex role stereotypes. More precisely, stereotypes are "beliefs about appropriate behaviors and characteristics for men and for women in a given society" (Widom, 1984, p. 5). These beliefs are widely held in our culture (Deaux, 1984; Rothblum & Franks, 1983).

Such beliefs assume that men are tough, aggressive and independent, while women are emotional and passive. Rothblum and Franks (1983) explain that through learning, men and women attempt to "fit" the stereotypical roles defined for them by a given society. Such expectations about men and women's behaviours may create psychological problems. Indeed, passivity and dependence may lead to depression in women. Similarly, pressures to conform to the "macho" image may lead to some form of personality disorder, alcoholism, drug abuse, or even death (Rothblum & Franks, 1983).

Mental health professionals are not immune to sex role stereotypes. In fact, research has been carried out on the double standard that mental health professionals hold for men and women clients. The double standard of clinicians can force clients to fit into the traditional sex roles. Such action can have negative consequences for the clients (Baucom & Danker-Brown, 1979; Gove, 1972; Greenglass, 1982; Fraser, 1973; Widom, 1984; Winstead, 1984).

The highly subjective nature of the definition of mental illness is related to the problem of making



differential clinical judgements for men and for women (Dohrenwend & Dohrenwend, 1976; Szasz, 1961). Clinical judgement, therefore, is closely tied to cultural norms and can serve purposes other than the therapeutic (Kaplan & Sedney, 1980).

The clinical judgement of mental health professionals can be influenced by several factors. Fischer (1970) identified three main variables which can influence clinicians' clinical judgement:

- 1) Input or stimulus information;
- 2) The judge (mediating structure);
- 3) Output, judgement or impressions (p. 4).

Considerable research activity has been carried out in the areas of attitudes and clinical judgement of mental health professionals. These studies allowed the manipulation in one form or another of the variables identified by Fischer (1970). In addition, different methodologies were used to assess sex roles stereotypes in mental health.

#### Empirical Studies on Sex Role Stereotypes

A pioneer empirical study that reflects differential attitudes of mental health professionals was conducted by Broverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970). Their findings revealed that mental health clinicians (79 psychologists, psychiatrists, and social workers) had different standards of what constituted a "healthy" woman as compared to a "healthy" man and a "healthy" adult. These researchers stated that "the general

standard of health (adult sex-unspecified) is actually applied to men only, while healthy women are perceived as significantly less healthy by adult standards" (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972, p. 71).

Although Broverman et al.'s (1970) study was criticized on methodological grounds (Greenglass, 1982; Stricker, 1977; Whitley, 1977), numerous studies that analyzed sex role stereotypes in mental health followed. The American Psychological Association (1975) established a Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice. The Task Force concluded that it had been empirically demonstrated that therapists expect women to be more passive and dependent than men "while acknowledging that these traits are not ideal for mental health" (p. 1169).

Sherman (1980) analyzed and summarized the findings of more than 50 studies. Twenty-six of these studies involved ratings by clinicians of self-report measures only. These studies analyzed sex role stereotypes and attitudes towards women.

Sherman (1980) reported some evidence of stereotyping. In addition, she found that there was a tendency for men to stereotype more than women, in particular when men rated women. Older clinicians and those with a Freudian orientation tended to have more conservative views about men and women. Attitudes towards women, however, appeared to have become more liberal since the early 1970's.

Whitley (1979) also analyzed the stereotypes in mental health standards in 12 studies that used similar methodologies. He reported that the findings indicated a double standard in mental health. Variables that might interact with the sex of the target person to produce stereotypes in mental health, such as the sex and/or sex role of the clinician were also identified. Whitley reported that clinicians whose personal stereotypes were in moderate correspondence with cultural stereotypes differentiated more between mentally healthy men and women.

The effects of violating sex role norms on clinical judgement, were also examined by Whitley (1979) in a review of 24 studies. In testing the hypothesis that cross-sex role behaviour leads to negative clinical judgement, two types of studies were analyzed: field studies which examined actual clinician-client relationship, and analog studies. From a summary of these studies, Whitley revealed that mental health professionals were not influenced by cross sex-role violations. Non-professional judges (mainly college students), however, were affected by such violations.

Sherman (1980) found evidence of sex bias among clinicians in five out of eight counselling analog studies. Of 16 clinical analog studies, nine showed consistent results of sex role stereotyping. The other five studies had unclear or negative results. Sherman, however, questioned of these findings due to some methodological

problems. Nevertheless, contrary to Whitley's findings, she concluded that there was a tendency for clinicians to judge sex role discrepant behaviour more negatively.

In agreement with Sherman, Zeldow (1984) also found evidence of sex role stereotypes affecting clinical judgement after reviewing several analog studies. In reference to these findings he maintains that

The analog studies reviewed above, however, are overwhelmingly null only when patient sex is considered by itself. When sex of patient is considered in interaction with sex of judge, in-role versus out-role behavior, etc., numerous instances of evaluative prejudice (not always against women) are reported (p. 362).

He also indicated that sex related factors in analog studies do occur, but these are embedded in complex situations. For example, Abramowitz, Abramowitz, Jackson and Gomes (1973) found that politically conservative counsellors made more negative clinical judgements of a politically left-oriented female than of her male counterpart.

In summary, evidence of sex role stereotyping and clinical judgement at best remains inconclusive according to the the findings of several studies reported by Whitley (1979), Sherman (1980), and Zeldow (1984) and from the integration using meta-analysis techniques carried out by Smith (1980). What does appear to be consistent, according to Zeldow (1984) in a review of the literature, is that "by itself, sex of a patient or client is rarely a factor in

determining diagnosis, prognosis, degree of psychopathology, or treatment goals" (p. 360).

As was seen from the above studies, findings regarding possible sex bias in mental health are also a function of these investigators' personal values and of how decisions about their findings were made.

Lichtenberg and Heck (1981) challenged Whitley's (1979) and Smith's (1980) conclusions. They claimed that stereotypes are evident in mental health. Indeed, numerous studies indicate sex bias among clinicians, in particular the earlier studies. As Lichtenberg and Heck (1981) stated, perhaps the effects of such studies increased awareness of sex bias to the point where it can no longer be demonstrated.

The fields of psychology and psychiatry have been very active in studying sexism among clinicians. But, due to the negative implications for clients, sexism cannot remain a concern of psychologists and psychiatrists only.

#### Sexism in Social Work

The literature indicates that sexism is pervasive in our society (Chesler, 1972; Deaux, 1984; Greenglass, 1982; Rothblum & Franks, 1983). Because the social work profession operates in the context of our society, sexism is very much part of the profession. This clearly runs counter to the values and code of ethics of the profession (Kravetz, 1982).



Sexist attitudes and practices of social workers have been documented in the literature. These can be grouped into three interrelated areas: literature, education, and direct social work practice.

### Literature

In terms of the literature, Schwartz (1974) contended that the profession failed to address the importance of the sex of both the client and the worker as a factor in social work practice. In reference to the coverage of women's issues in eight social work journals from 1970 till 1981, Quam and Austin (1984) found a slight increase in the 70's in such coverage. They also found that some needs of female clients during these periods were overlooked. This was the case of minority women, older women and lesbians. These researchers also predicted that coverage of women's issues in the 1980's would decrease. This prediction was confirmed by the literature review conducted by this writer.

In a literature review that covered major social work journals from 1972 till 1976, Longres and Baily (1979) found that only 14 articles dealt exclusively with men's issues. In their review, they found only two authors who supported explicitly the maintenance of traditional male roles in their clients. Hopkins (1973) for instance, warned social workers against placing a black male client "in a dependent position and thus usurping his role as head of the family" (p. 57). Vincent (1976) emphasized the importance of

maintaining men's leadership role in Jewish families and in the community.

In a review of articles published in 16 social work journals between 1977 and 1979, Kirk and Rosenblatt (1984) found that men were more likely than women to be the authors of such articles. Higher productivity in men was attributed to faculty member status, where men were more likely than women to be faculty members. Indeed, faculty members write more articles than social work practitioners. Kirk and Rosenblatt also indicated that because men have higher academic ranks and are more likely to hold a doctoral degree, they are more likely than women to publish more articles. As a consequence of the higher productivity of men in the literature, the male perspective is being reflected in the patriarchal orientation of the profession (Kiel, 1983).

### Education

If most social work faculty members are male, it is not surprising that the issue of sexism is not adequately addressed in the social work curricula. As Rauch (1978) indicated, "stereotypic notions of women are perpetuated in the social sciences, which are the foundation of social work practice" (p. 389). For example, courses on casework and family therapy often reinforce and perpetuate stereotypes (Kiel, 1983).

While other disciplines have incorporated courses on women that challenge such theoretical orientations, women's



studies has not yet been part of social work education (Abramowitz, Hopkins, Olds, & Waring, 1982). For example, practice textbooks seldom address the issue of sex and sex roles in social work practice (Rauch, 1978).

Brager and Michael (1969) found that social work educators counselled men into community organization while women were encouraged into casework. Further, Faver, Fox and Shannon (1983) found that experiences of graduate students differed according to their sex. They contended that male students have more contact with professors and are more often invited to co-author papers, meet members of the field and attend professional conferences.

Women social work faculty members are also affected by discrimination. For instance, in Canada a CASSW Task Force (1977) found that there were fewer female faculty members; they had lower ranks and lower salaries, and fewer women had tenure. In terms of areas of interest there was a clear division of labour, since women teach fieldwork related courses while men tend to teach research, social policy and administration courses more often. The male dominance over areas such as administration, social policy and research guarantees the perpetuation of patriarchal knowledge in social work by controlling the forms of labour and those who perform it (Kiel, 1983).

#### Social Work Practice

A clear division of labour that mirrors the institutional sexism of society exists in social work

practice. In the United States and in Canada, men predominate in high administrative, supervisory and policy making positions, while women are overrepresented in direct practice (Gelber, 1973; Gripton, 1974; Kravetz, 1976).

Although women had equivalent educational backgrounds, similar educational degrees, and greater seniority and experience, Gripton (1974) found that in Canada they were paid less and were less likely to advance in higher level positions than men. Part of such differences in salaries, according to Gripton, was accounted for by salaries being better in male dominated fields of service.

Gelber (1973) contended that in Canada, even in the direct services there was a salary discrepancy between men and women who had a Master's degree. Indeed, she reported that men received 6.4 percent higher salaries than women. One limitation to these findings, however, is that no current research has been conducted in this area in Canada. This discrimination (which may still continue) is of particular import when one considers that approximately 60 percent of social workers are females (Levine, Kamin, & Levine, 1974).

Davis (1985) identified a gap between social work practitioners and academics and researchers in terms of gender. She indicated that practitioners speak primarily with female voices, while academicians speak primarily with male voices. As Chafetz (1972) says "from one vantage point, professionalization is an effort to 'defeminize'

social work, i.e. make it more intellectual, rational, scientific, and administrative--in short to give it 'male' qualities" (p. 15). While these qualities are not necessarily negative, the result of the present state of affairs is that female voices remain suppressed by the prevailing male approach (Davis, 1985).

In terms of the predominance of female social workers in direct practice, it is argued that social work practice has been seen as the extension of the female role in society. Kiel (1983), citing Adams's explanations of the role of female social workers, states that they are "the housewives of society, falling into the compassion trap by transferring women's protecting, nurturing and fostering role from home to society" (p. 11).

The pervasiveness of sexism in social work is curious considering that the majority of social work clients are women (Davis & Brook, 1985; Norman & Mancuso, 1980; Rauch, 1978). This is so not only because 51 percent of the Canadian population is female but also because women are poorer than men. Women are also more likely to be single parent family heads than are men. In addition, women use mental health facilities more than do men (Chesler, 1972; Rauch, 1978; Statistics Canada, 1985).

In reference to Wilson, Walton (1975) indicated that female social workers fail to see that they share oppression with their female clients. By failing to address that oppression, many social workers remain oblivious to the

issue of their own sex, and sex roles and those of their clients. This lack of awareness may help maintain a sexist social work practice (Schwartz, 1974).

Related to sexist social work practice is the value system of therapists which generally falls under the rubric of the personality of the practitioner (Fischer, 1970). For instance, Hollis (1964) found that the personal values of practitioners play a fundamental role in the assessment of treatment goals for clients. Fischer (1979) pointed out the possible consequences of the discomfort of the middle class caseworker with the different value system of clients. He claimed that values regarding sex, morality, and aggression can lead to differences in assessment and treatment of certain clients.

In an extensive examination of empirical studies in psychology, Fischer (1970) concluded that values are critical factors in psychotherapy. This would involve leading the client towards the conception of preferred values held by the clinician. Fischer's (1970) findings revealed that values of the caseworker affect clinical judgement. As he indicated in the Abstract, "particularly for individuals with strong conventional values, judgments were influenced adversely, as values tended to produce a distorting effect."

Considering the negative implications of a sexist therapy, it is important to study the relationship between the value judgement of sex roles, whether conscious or

unconscious, and clinical judgement. As Hunt suggested, empirical studies in social work are needed to study the behaviour of judges in order to identify the sources of error in clinical judgement (Tripodi & Miller, 1966).

### Empirical Studies in Sex-Role Stereotypes in Social Work

Social work research on personal values of practitioners, in particular in the area of sex roles, is extremely limited. Some empirical studies, however, focused on the sex-role stereotypes of practitioners. Most empirical studies on sex bias have been conducted by psychologists. Research carried out in the area of sex bias in social work followed the lead of psychology. Unfortunately, studies on sexism in social work are scarce.

Similarly to the studies conducted in psychology, social work studies can be divided into two main types: those that employ only self-report instruments to measure respondents' sex stereotypes and attitudes towards women, and analog studies, which measure the clinical judgement of practitioners using case histories.

Three studies similar to Broverman et al. (1970) examined sex-role stereotypes among social work students. Using undergraduate students, Harry and Lucas (1976) asked their subjects to rate a competent adult person, a competent adult woman and a competent adult man on the Stereotypes Questionnaire developed by Broverman et al. (1970). Overall, social work students did not hold a double standard of mental health. Male students, however, tended to

characterize healthy men in stereotypical masculine terms while female students characterized healthy women with stereotypically masculine traits. Also, undergraduate students tended to have more stereotypical views than did graduate students.

Festinger (1977) challenged the Harris and Lucas findings on methodological grounds. His study, a replication of Broverman et al.'s (1970) study with graduate social work students, revealed strong stereotypes in both men and women.

Using another set of instruments a third study with social work students was conducted by Hipple and Hipple (1980). Subjects in this study were asked to rate the ideal man and the ideal woman. Similar to Harris and Lucas (1976) findings, this study revealed that students did not adhere to stereotypical values.

Another study involved measuring the attitudes of therapists (psychiatrists, psychologists, social workers and psychiatric nurses) in Canada. Brown and Hellinger (1975) found that psychiatric nurses had more contemporary views about women than did social workers. The difference, however, was not significant. They also found that female therapists had more contemporary views about women than did male therapists.

In a similar study, Davenport and Reims (1979) analyzed the theoretical orientation and attitudes towards women of two groups of subjects: 1) social workers drawn from a



training center with an intrapsychodynamic orientation and 2) family counsellors from a training school with a system theory orientation. Of all the variables investigated, only the sex of practitioners had an effect on their attitudes towards women. Overall, responses were more contemporary than traditional. Attitudes of females, however, were significantly more contemporary than those of their male counterparts.

In an attempt to measure the attitudes of social work students and practitioners towards women in terms of their sex role, Weinberg (1981) focused on androgyny as a possible alternative to the traditional sex role identity of masculinity and femininity. According to her findings using the BSRI, first year students were found to be 37 percent feminine, 26 percent undifferentiated, 25 percent androgynous, and 12 percent masculine. Fourth year students were found to be 34 percent androgynous, 28 percent masculine, 19 percent feminine, and 19 percent undifferentiated. Social work practitioners were found to be 31 percent masculine, 26 percent undifferentiated, 21.5 percent androgynous, and 21.5 percent feminine. Weinberg, however, found no association between sex-role category and measures on the Attitudes Towards Women's Sex Role Scale developed by Mason and Bunpass (1980).

These studies have the limitation of measuring the stereotypes and attitudes of practitioners towards women with paper and pencil check list only. These studies do not

indicate if such attitudes would be expressed in a client-worker interaction. For that reason, more sophisticated designs were developed that would simulate real life situations with clients. In analog studies, for example, respondents make judgements on fictitious clients who are usually presented in the form of written vignettes. These case histories are constructed in terms of the variable of interest for the study. In the case of sex bias and clinical judgement among clinicians, sex and sex role of the client are usually the variables being manipulated to assess clinical judgement.

One of the very few controlled studies addressing sex bias in social work practice was carried out by Fischer, Dulaney, Fazio, Hudak, and Zivotofsky (1976). The advantage of this study was that it presented social workers with a client problem similar to problems encountered in social work practice. Further, the language employed in the clinical judgement instrument was geared towards the decisions social workers make in their every day clinical practice.

Fischer et al. mailed social work practitioners a case history depicting a typical client problem. The social workers were asked to complete an inventory that indicated their clinical judgement of the client in the case history. The sex (male or female) and sex role (feminine or masculine) of the client varied but the rest remained unchanged. The findings of Fischer et al. revealed that

female clients were more positively rated by both male and female workers than were male clients. This finding indicated a bias against male clients.

The data did not show any statistically significant effect of the sex of the worker on clinical judgement. One interaction effect which was found to be significant, however, was that male and female respondents showed more positive attitudes towards same sex clients than towards clients of the opposite sex.

Following Fischer et al.'s recommendations for further research due to their unusual findings, Dailey (1980) replicated exactly the same study. Dailey's data indicated that social workers were less biased than was found by Fischer et al. Dailey, however, found that when sex role bias did occur, it was clearly anti-female or pro-male. Contrary to Fischer et al.'s findings, Dailey found that the sex of the worker influenced clinical judgement. No interaction effects were found in this study.

Gingerich and Kirk (1981) carried out a modified version of the Fischer et al. study with M.S.W students. This is the only analog study in which social work students were used as subjects. For this study the researchers designed videotapes of a client experiencing depression. The sex of the client was different in each of two versions. Students were asked to judge the client using the clinical judgement instrument designed by Fischer et al. (1976). The study did not reveal evidence of sex bias in the clinical

judgement of graduate students. Further, there were no consistent effects of sex of the client or sex of the worker on clinical judgement.

Due to the inconsistent findings of these three studies, Dailey (1983) questioned their dichotomous nature, which focused mainly on the biological sex of the worker and client as relevant variables. In an effort to move on, Dailey undertook a further study in 1983. This study examined both the biological and psychological (masculine, feminine or androgynous) sex of both client and worker as variables of interest for clinical judgement.

Dailey mailed a case history depicting a typical client problem, with the client's sex role and sex varying in each of six versions (male/feminine, female/feminine, male/masculine, female/masculine, male/androgynous, and female/androgynous). The versions were randomly assigned to subjects; subjects were asked to indicate their clinical judgement on Fischer et al.'s (1976) eleven item Likert-type inventory. Further, they were asked to complete the BSRI to ascertain their own sex role identity, and to complete a short demographic questionnaire.

The findings of this study indicated that social work practitioners judged androgynous clients more positively than they judged clients with stereotypical sex roles. Interestingly, sex role of the social workers did not affect their clinical judgement, while sex role of the client did.

Dailey indicated that a large proportion of social workers were androgynous in this sample.

The data lend some support to the findings of a weak sex bias reported by Gingerich and Kirk (1981). The findings of Dailey (1983) are still inconsistent with Fischer et al. (1976), Dailey (1980) and the studies carried out in the area of psychology. The introduction of sex roles of practitioners as a possible variable for the clinical judgement of the social worker, however, seems challenging. This approach is particularly relevant to the concept of androgyny.

Androgyny has been perceived as the mental health ideal, in particular for women. Indeed, such a sex role was found to be more adaptive in today's society than conforming to the traditional sex roles (Bem, 1980; Holt & Datan, 1984; Kaplan, 1980; Marecek, 1979). Therefore, it can be assumed that androgyny is an ideal that social workers would strive for in their clients. However, Kaplan (1980) speculated that androgynous people would run the risk of being perceived as disturbed by some clinicians.

There has been almost no research on Kaplan's hypothesis. The only study, by Dailey (1983), contradicts the assumption that androgynous people would be perceived as disturbed by some clinicians. Clearly, more research is needed in the issue of sex roles, androgyny and clinical judgement among social work practitioners. An area that remains unexplored in social work is the relation between

the sex roles (masculinity, femininity and androgyny) of students and their clinical judgement.

### Summary

In the first section of the literature review, sex differences in mental health were examined. It was concluded that sex as a subject variable was a poor predictor of the true differences in the prevalence of psychopathology among men and women. Therefore, attempts to explain such differences in terms of sex roles were analyzed in the following section, where it was found that conforming to traditional sex roles may be associated with psychopathology. Androgyny (having both masculine and feminine traits), on the other hand, was related to mental health, in particular for women.

In addition, mental health issues were examined through sex-role stereotypes. Consequently, more information was gained from analyzing how mental health practitioners thought men and women ought to differ. Several studies in the field of psychology were examined that investigated mental health professionals' attitudes and clinical judgement in terms of sex-role stereotypes. These studies, however, reveal inconclusive results.

A discussion of the social work profession and sexism was presented in the next section. It was followed by empirical studies that examined the sex-role stereotypes, attitudes and clinical judgement of practitioners. From this review, it was concluded that only one study examined

the clinical judgement of practitioners in terms of the sex role of the worker and the client. No study, however, explored this particular area with social work students. Therefore, the purpose of this project is to examine this issue in depth.

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### CHAPTER III

#### RESEARCH METHODOLOGY

The classification of this study and the rationale for this choice, as well as the research questions, and operational and conceptual definitions of variables are discussed in this chapter. A description of the setting of the study, the population, the sample, sampling procedures, rationale for its use and limitations to the sampling procedures are also presented. The data collection method is explained in terms of the instruments employed in the study, their scoring procedures as well as the limitations to their use. Further, procedures utilized for the analysis of the data are provided. Finally, limitations to the methodology of the study are discussed.

##### Classification of the Study

This study was classified as exploratory since no previous research has been conducted in the areas of sex roles and clinical judgement with social work students. Black and Champion (1976) identified the unfamiliarity with a particular sample or target population as a possible reason to undertake an exploratory study. According to Tripodi, Fellin and Meyer (1983), "exploratory studies have the primary goal of developing, clarifying, and modifying



concepts and ideas in order to provide researchable hypotheses for further studies" (p. 38).

Tripodi et al. (1983) further identified three subtypes of exploratory studies. This study of the sex roles of social work students and their clinical judgement was subtyped as combined exploratory-descriptive. According to Tripodi et al.,

The purpose of these studies is to develop ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form, and the accumulation of detailed information by such means as participant observation may be found. Sampling procedures are flexible, and little concern is usually given to systematic representation (1983, p. 40).

This study will enable the generation of ideas and hypotheses in relation to the areas mentioned above, which will facilitate future research and knowledge building. Knowledge in the areas of sex roles, sexism and clinical judgement is essential for social work practice.

#### Problem Formulation and Research Questions

The purpose of this study is twofold. First, the study will make explicit the sex role identity of social work students. Second, the study will attempt to determine if there is a relationship between the sex role identity of social work students and their clinical judgement.

No hypotheses was formulated in this study since no previous research has been conducted in the area of sex roles and clinical judgement with social work students. Rather, to address the problem this study seeks to answer two main questions:

1) What proportion of social work students fall into the masculine, feminine, androgynous and undifferentiated sex roles?

2) Is there a relationship between the sex role identities of social work students and their clinical judgement?

### Conceptual Definitions

The following conceptual definitions were used in this study:

Sex role. The Longman Dictionary (1984) defines sex role as "the behaviors and attitudinal patterns characteristically associated with masculinity and femininity as defined in a given society" (p. 675).

Sex role identity was defined by Greenglass (1982) as "the acceptance of oneself as feminine, masculine or androgynous" (p. 10).

Androgyny is the quality of being "both masculine and feminine, both instrumental and expressive, both agentic and communal, depending upon the situational appropriateness of these various modalities" (Bem, 1975/1980, p. 311).

Clinical judgement is defined as an evaluation of an informed impression or diagnosis regarding a social problem (Timms & Timms, 1982).

Social Work students are defined as 4th. year students enrolled in the B.S.W. program who are in their field placements, and graduate students enrolled in the M.S.W.

program who are in their field placements specializing in the area of direct practice.

### Operational Definitions

The following operational definitions were used in this study:

Sex role identity of social work students was derived from the subjects' score on the Bem Sex Role Inventory (Bem, 1974). Sex roles were classified as masculine, feminine, androgynous and undifferentiated.

Sex role of client. A case history depicting a female androgynous client developed by Dailey (1983) was used as a stimulus for the clinical judgement of social work students.

Clinical judgement was measured on an eleven item Likert-type inventory developed by Fischer et al. (1976).

### The Setting of the Study

The study was carried out at the University of Windsor. Windsor, the southernmost city in Canada, borders the American city of Detroit. The city has approximately 197,000 habitants and its economy relies heavily on the automobile industry (Weinberg, 1981).

The University of Windsor had an enrollment of 7282 full-time and 4389 part-time undergraduate students, and 559 full time and 467 part-time graduate students during the 1985 Fall semester.

The School of Social Work is one of the six professional schools of the University of Windsor. The School has 16 faculty members, three full-time secretaries

and one part-time secretary. In the 1985 Fall semester there were 350 full-time social work students enrolled in the B.S.W. program and 29 full-time social work students enrolled in the M.S.W. program.

#### Population

The population of interest for this study is social work students enrolled in B.S.W. program who were in field placements, and M.S.W. students who were in field placements in the area of intervention during the 1985/86 semesters in Canadian Universities.

#### Sample

Fourth year students: This sample consisted of Fourth year students enrolled in the B.S.W. program who were in their field placements during the 1985/86 semesters at the University of Windsor. Of the 73 undergraduate students who met this condition 60 (82.19 %) completed the questionnaire.

Graduate students: This sample consisted of graduate students enrolled in the M.S.W. program who were in their field placements in the area of intervention during the 1985/86 semesters at the University of Windsor. Of the 22 graduate students who met this condition 21 (95.45 %) completed the questionnaire.

For practical purposes, graduate students who were not in their field placement during the 1985/86 semesters were not considered. Graduate students who specialized in administration were not included in the sample.

### Sampling Procedure

In order to explore the relationship between social work students' sex roles and their clinical judgement a random sample of all B.S.W. students and M.S.W. across Canada would be required. Due to time and economic constraints, however, this was not feasible. Further, as Tripodi et al. (1983) indicated, sampling procedures can be flexible and systematic representation is of little concern in combined exploratory-descriptive studies.

Therefore, social work students at the University of Windsor were chosen given their availability for the present study. Consequently, a non-probability sampling procedure, availability or accidental sampling, was used.

According to Selltitz, Jahoda, Deutsch and Cook (1959) accidental or availability sampling consists of the following:

In accidental sampling, one simply reaches out and takes the cases that fall to hand, continuing the process until the sample reaches a designed size. Thus, one may take the first hundred people one meets on the street who are willing to be interviewed. Or a college professor, wanting to make generalizations about college students, studies the students in his classes (p. 516).

### Sampling Procedure Limitations

The representativeness of the non-probability sampling procedure is limited. According to Seaberg (1981), a sample is representative of the population from which it is extracted when it contains the same distribution of variables of concern to the study as does the population.

One of the limitations of non-probability sampling is that the probability that each element will be included in the sample is unknown. In addition, it is not possible to estimate the sampling error (Seaberg, 1981). He indicated that non-probability samples, however, are adequate for exploratory studies when the purpose of these projects is essentially to obtain unique data pertaining to the research question.

In reference to the use of accidental or availability sampling Selltiz et al. (1959) state that:

There is no known way (other than by doing a parallel study with a probability sample or with a complete census) of evaluating biases introduced in such samples. If one uses an accidental sample, one can only hope that one is not being too grossly misled (p. 516).

Using social work students from the University of Windsor raises the question of whether the findings of this study will be applicable to social work students at other universities. It can be assumed, however, that social work students at the University of Windsor need not necessarily be very different from social work students at other Canadian universities.

#### Data Collection Method

In order to answer the research questions proposed in this study, a survey questionnaire was used as a data collection method. In particular, a group administered questionnaire survey was employed. This method avoids some of the disadvantages of using mailed questionnaires.

According to Austin and Crowell (1981) in group-administered questionnaires the researcher introduces the study and collects the data directly from the population or sample of interest. Four main advantages of group-administered questionnaires identified by Austin and Crowell (1981) are that

- 1) The researcher comes into contact with the population being studied;
- 2) Through this method it is possible to acquire a large number of participants in a short period of time;
- 3) It is an efficient and effective method to acquire a high response rate;
- 4) The researcher has some control over the conditions under which respondents complete the questionnaire.

Approval was granted by the School Council of the School of Social Work before social work students were approached for data collection. The fourth year students completed the questionnaire during the four sections of the Theory and Practice of Social Work IV (47-437) course. Students who were absent during the Theory and Practice of Social Work IV were contacted during the Social Work Research II (47-447) course. Only three students completed the questionnaire during the research course. One additional student completed the questionnaire outside the classroom.

Close to half of the graduate students completed the questionnaire during one of the sections of the Social

Policy Analysis (47-574) course. The other half of the graduate student completed the questionnaire in a group meeting set up by the researcher. One graduate student completed the questionnaire individually and returned the completed survey via mail.

Students spent approximately 20 minutes to complete the questionnaire. Data collection was carried out during March 1986.

### Research Instruments

Four instruments were used for the study. These were presented to the students in the following order: A case history, a clinical judgement inventory, the Bem Sex Role Inventory (BSRI), and a demographic information questionnaire.

The instruments were accompanied with a self-explanatory letter stating the purpose of the study in general terms. It also indicated that participation in this study was voluntary (see Appendix A).

### Case History

In this study subjects were presented with a written description of a stimulus person with a particular sex role orientation. According to social workers (Thomas, 1962; Tripodi & Miller, 1966) and psychologists (Cowen, 1962), case histories are valuable tools to assess the clinical judgement process of practitioners.

The main advantage of the case history, according to Thomas (1962) and Tripodi and Miller (1966) is that the



researcher controls and manipulates certain specific variables, such as particular behaviours of the client.

Other advantages are its low cost and greater control of the situation on the researcher than would be obtained by direct observation of client-social worker interaction or the recording of interviews (Thomas, 1962). Finally, studies using case histories can be replicated and thus the generalizability of the findings of these studies can be increased (Tripodi & Miller, 1966).

In the present study, social work students were given a one-page case history, depicting an androgynous female client, developed by Dailey (1983). The client was a 35 year old college graduate, married for 10 years and with two children. The client requested counselling due to her perception that her husband had lost all interest in sexual relationships. Some of the client behaviours presented in this case history describe her as an energetic and easy-going person who enjoys her children and her work (see Appendix A).

In the original study conducted by Dailey (1983) six versions of the same case history were randomly distributed among the respondents. These versions depicted an aggressive male, an aggressive female, a passive male, a passive female, an androgynous male, and an androgynous female. In the present study only a case history depicting an androgynous client was presented to the social work students due to the limited size of the sample. A female

rather than a male client was selected for this study. The rationale for this choice was that most clients seen by social workers are females (Rauch, 1978; Davis & Brook, 1985).

The androgynous personality traits were selected as the target behaviours of the client. The purpose of this choice was to assess the clinical judgement of social work students in terms of characteristics which have been found to be adaptive to the present social reality (Bem, 1980; Holt & Datan, 1984; Kaplan, 1980; Marecek, 1979).

Limitations of the instrument. Limitations of the case history approach include the following:

- 1) Dailey does not report the validity and reliability of the case history.

- 2) Case histories have external validity problems. It is not known whether a client's sex and/or sex role would have any impact on the clinical judgement of social work students in an actual counselling situation (Smith, 1980).

- 3) The content of the case history depicting "a woman who has sexual problems with her husband" might confound the clinical judgement of students. Some students might experience a certain degree of discomfort with this subject matter. As a result, they might make a clinical judgement that is biased as a result of this discomfort.

#### Clinical Judgement Instrument

In view of the abundance of empirical studies that indicate subjectivity and possible bias of therapists when

making clinical judgements (Ash, 1942; Miller, 1957; Tripodi & Miller, 1966), this study seeks to investigate the clinical judgement of social work students. In terms of the value of clinical judgement for the social work profession Tripodi and Miller (1966) state

Judgments imply decision-making or a selection among two or more available alternatives and, as such, they comprise a substantial part of the social worker's daily clinical activity (p. 63).

The dependent variable for this study, clinical judgement of social work students, was measured by a revised version of Fischer's (1970) Treatment Decision Inventory. This instrument originally consisted of 24 items. It was designed to measure clinical judgement of practitioners as affected by the the race and social class of clients. The revised instrument used in this study was developed by Fischer et al. (1976). This instrument consisted of an eleven item inventory "wherein the respondent indicated the degree to which he (she) judged one or the other pole applicable to the client whose case he (she) had just read" (Fischer, 1970, p. 57) on a six-point Likert-type scale.

The inventory was designed to assess clinical judgements that would be representative of the decisions being made in actual practice. The instrument was modified by Fischer et al. so as to include dimensions related to possible sex bias. Some of the items included in the inventory were the client's emotional maturity, the client's prognosis and the client's overall degree of disturbance. For further information see Appendix A.

Reliability of the instrument. In order to test the relationships between the clinical judgement variables, the Pearson correlation was used. Table A in Appendix B shows the Pearson correlation coefficients between the clinical judgement variables. Of the 55 correlations, 31 were found to be significant at the .10 level or better.

According to Guilford's suggested interpretation for values of  $r$ , the strength of the associations shown in Table A ranges from slight to definite but small (Sprinthall, 1982).

The correlations between the eleven clinical judgement variables suggest that they are tapping the same underlying construct and give some support to the instrument's reliability.

Limitations of the instrument. Limitations of the clinical judgement instrument include the following:

1) Fischer (1970) does not report the validity and reliability of the instrument. In his two replications of Fischer et al. (1976) study, Dailey (1980 and 1983) does not address the issue of the validity and reliability of the instruments.

2) The reliability of this instrument might be a function of social work practice experience (Miller, 1958). Therefore, its use with social work students can be questioned.

3) According to a review of the literature, establishing validity and reliability is difficult in

clinical judgement instruments. Tripodi and Miller (1966) indicate that validity of these instruments might partially be dependent upon the theoretical knowledge in the area being studied.

#### The Bem Sex Role Inventory

The Bem Sex Role Inventory (BSRI) designed by Bem (1974) was used to measure the sex role identity of social work students. This instrument, which is an adjective rating scale, measures sex role as masculine, feminine, androgynous or undifferentiated.

The BSRI contains 60 personality characteristics. Twenty of those items consist of feminine traits (gentle, warm, sensitive to the needs of others, etc.); 20 items consist of masculine traits (aggressive, independent, analytical, etc.); and 20 items are neutral (cheerful, happy, inefficient, etc.). These items are intermixed.

Respondents were asked to rate their personality characteristics by indicating how each item described them on a seven point Likert-type scale ranging from 1 "Never or almost never true" to 7 "Always or almost always true". A copy of the BSRI is included in the questionnaire in Appendix A.

The instrument was designed to assess masculinity and femininity as separated and orthogonal dimensions rather than as opposite ends of a single dimension. The theoretical base utilized by Bem (1977) assumes that individuals can have both masculine and feminine traits in

various degrees. Therefore, the androgynous person would score high on both masculinity and femininity (above the median).

Scoring Procedure. The scoring of the BSRI follows Bem's instructions. First, the masculinity and femininity individual scores were calculated. Based on the total sample scores, the medians for the masculinity and femininity scores were computed.

Using the median masculinity and femininity scores as the cutoff point, a person is then classified as either masculine (high masculine-low feminine), feminine (high feminine-low masculine), androgynous (high feminine-high masculine), or "undifferentiated" (low masculine-low feminine) (Bem, 1977, p. 84).

Bem (1977) recommends that numbers of males and females be equalized statistically by weighing the underrepresented sex by an appropriate amount. Following Bem's recommendation, the male sample was weighed by a factor of 6.3 to equalize the size of the male and female strata.

Reliability of the instrument. Bem (1974) tested the instrument for reliability. Test-retest reliability on the measures of the BSRI can be considered satisfactory (Cook, 1985). Test-retest was computed at an interval of approximately four weeks. Twenty-eight college females and twenty-eight college males were used to test the reliability of the instrument. The results were: masculinity = .90; femininity = .90; androgyny = .93; and undifferentiated = .89 (Beere, 1979).

Cook (1985) reported that estimates of internal consistency on scale content were high. Beere (1979) also commented on the internal validity reported by Tetenbaum using the responses of 400 females. He calculated an alpha coefficient of .89 for masculinity and .79 for femininity. Using 171 males Tetenbaum estimated the alpha coefficient for masculinity as .89 while for femininity it was .77.

Validity of the instrument. Beere (1979) reported that in groups of college students, males ( $n = 561$ ) scored significantly higher (mean = 4.96) than females ( $n = 356$ ; mean = 4.56) on the masculinity scale. Females, however, scored significantly higher (mean = 5.06) than males (mean = 4.53) on femininity; both differences were significant at the .001 level.

Beere (1979) cited several other studies which have substantiated these sex differences on the masculinity and femininity traits. She also reported a strong positive relationship between the androgyny scores and the majority of the scales of the Personal Orientation Inventory and the Tennessee Self-Concept Scale.

Limitations of the instrument. Some of the identified limitations of the BSRI are:

- 1) Some of the adjective phrases seem redundant. This is the case of "self-reliant" and "independent"; "acts like a leader" and "has leadership abilities" (Beere, 1979).

- 2) Respondents might rate themselves more in terms of how they wished to be rather than how they see themselves.

3) Because this is a self-report instrument it might not reflect actual sex roles of the students.

4) There is unreliability of classification for individuals scoring near the median (Heilbrun, 1981).

#### Demographic Information Questionnaire

A one page questionnaire was used to determine the background of respondents. This questionnaire required brief and specific information from the respondents such as age, sex, marital status, etc. See Appendix A.

#### Data Analysis

To analyze the data and answer the research questions, a variety of statistical procedures were carried out. These can be grouped as follows:

1) Frequency distributions of all variables were computed to organize the data in a manageable form. Further, in order to better describe the sample, percentages, measures of central tendency and of dispersion were calculated.

2) To establish the existence of an association between the BSRI and demographic variables, the Chi-square was used at a significance level of .05 and .10.

3) To test the strength of the association between clinical judgement and demographic data the F test, T test and Pearson's r correlations were used at a significance level of .05 and .10.



4) To test the strength of the association between clinical judgement and BSRI categories the F test was used at a significance level of .05 and .10.

The decision rule for accepting a significance level of .10 was based on the classification of the study as exploratory.

#### Limitations of the Methodology

Some limitations to the methodology employed in the study are:

1) The sample is small. The only way to enlarge the sample, however, would be to either repeat the sampling procedure over several years or in several universities, options that were unavailable due to time and cost constraints. The sample used in this study constituted a virtual census of the applicable Windsor student population, and the return rate is more than adequate.

2) There were very few males as compared to females in the sample. The proportion of males to females would be unlikely to change in a large sample, since social work is still a predominantly female profession. A large sample, however, would result in a larger absolute number of males.

3) A sample of social work students from the University of Windsor might not be representative of the population of social work students. As mentioned earlier, however, there is no a priori reason to believe that University of Windsor social work students will be significantly different from other Canadian social work students.

4) Validity and reliability of the case history and clinical judgement inventory are unknown.

5) The concept of androgyny and its value for mental health has been questioned (Kaplan, 1979; Kenworthy, 1979; Vogel, 1979).

6) Case histories and self-report of clinical judgement might not reflect the clinical judgement of practitioners or students in actual counselling situations.

7) It is not certain that sex roles of social work students will predict behaviours associated with such sex roles. Therefore, assuming that clinical judgements automatically result from the sex role identities of social work students can be questioned.

#### Summary

This chapter discussed the research methodology of the study. In the following chapter the data analysis and findings will be presented.

## CHAPTER IV

### ANALYSIS OF DATA AND PRESENTATION OF FINDINGS.

In this chapter, the data gathered with the questionnaire are analyzed. In the first section, characteristics of the sample are presented. Analysis of the findings related to the research questions are examined in the following section. In order to answer the research questions, the relationships between sex role identity, clinical judgement, and relevant demographic variables are discussed.

#### Description of the Sample

Of the 95 graduate and undergraduate students who met the conditions required for the sample, 81 (85.26%) completed the questionnaire. Of the 73 undergraduate students who met these conditions, 60 (82.19%) completed the questionnaire. Of the 22 graduate students who met the conditions, 21 (95.45%) completed the questionnaire. This is an extremely high response rate. In describing the sample, statistical procedures were reported only for those relationships found significant.

Table 1 presents the distribution of responses to demographic questions. Most students in this sample are females. Of the 81 subjects, only 11 (13.6%) are males. The majority of the subjects (47 or 58%) reported being

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**Table 1. Frequency distributions of demographic variables**  
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		<u>Frequency</u>	<u>Percentage</u>
1. <u>Sex:</u>			
	Male	11	13.6
	Female	70	86.4
	Total	81	100.0
2. <u>Marital status:</u>			
	Single	47	58.0
	Married	20	24.7
	Divorced	9	11.1
	Separated	3	3.7
	Other	2	2.5
	Total	81	100.0
3. <u>Student level:</u>			
	Undergraduate	60	74.1
	Graduate	21	25.9
	Total	81	100.0
4. <u>Student status:</u>			
	Full-time	76	93.8
	Part-time	5	6.2
	Total	81	100.0
5. <u>Citizenship/residence status:</u>			
	Canadian	74	91.4
	Landed immigrant	3	3.7
	Visa student	4	4.9
	Total	81	100.0
6. <u>Have been employed as a social worker:</u>			
	No	52	64.2
	Yes	29	35.8
	Total	81	100.0
7. <u>Have experience as a social work volunteer:</u>			
	No	17	21.3
	Yes	63	78.7
	Total	80	100.0

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single; 20 (24.7%) were married, 9 (11.1%) were divorced, 3 (3.7%) were separated and 2 (2.5%) reported other marital status.

Most subjects (60 or 74.1%) were undergraduate students. There were only 21 (25.9%) graduate students. Further, most subjects were full-time students (76 or 93.8%). Only five (6.2%) were part-time students.

Table 1 also shows that most students in this sample (74 or 91.4%) were Canadian. There were three landed immigrant students (3.7%) and four visa students (4.9%).

Most students (59 or 64.2%) did not have social work employment experience. Only 29 (35.8%) of the students reported having social work employment experience. Contrary to the findings of the employment experience, most subjects (63 or 77.8%) had experience as a social work volunteer. Only 17 (21%) reported no volunteer experience.

Table 2 illustrates the means and standard deviations of responses to questions inquiring about age, years of

Table 2. Means and standard deviations of age and years of experience as a social worker and as a volunteer

	<u>N</u>	<u>Min.</u>	<u>Max.</u>	<u>Mean</u>	<u>s.d.</u>
Age	81	21	48	28.173	6.944
Years of experience as a social worker	81	0	10	1.333	2.444
Years of experience as a volunteer	81	0	12	2.128	2.066

experience in social work employment and years of experience as a social work volunteer.

As Table 2 indicates, the average age of the sample was 28.17. The age ranged from 21 to 48 years. In terms of years of social work employment experience, subjects reported to have worked an average of 1.33 years, ranging from 0 to 10 years of working experience. The average years of volunteer experience were 2.13, ranging from 0 to 12 years of volunteer activity.

The crosstabulation of student level by sex of social work students indicates that there was a somewhat larger proportion of females (53 or 88.3%) among undergraduate students than among graduate students (17 or 81%).

The crosstabulation between volunteer experience and student level shows that undergraduate students engaged in volunteer activities more than did graduate students. While 49, or 81.7%, of the undergraduate students reported having volunteer experience, only 14 (70%) of graduate students did so.

The crosstabulation of social work student employment experience and student level indicates that most graduate students (17 or 81%) have had employment experience. Only 12 (20%) of the undergraduate students had social work employment experience. The Chi-square value of 22.562 is significant at the .001 level, confirming that there is a significant difference between graduates and undergraduates regarding social work employment experience.

Table 3 indicates the age of the students, years of social work employment experience, and years of social work volunteer experienced grouped by the sex of the respondents. There does not appear to be a great difference in the average age of males (28.8) as compared to females (28.1).

Table 3. Age and years of experience as a social worker and as a social work volunteer grouped by sex

	Males			Females			t
	N	Mean	s.d.	N	Mean	s.d.	
Age	11	28.8	6.3	70	28.1	7.1	.36
Experience as a social worker	11	1.7	2.5	70	1.3	2.5	.56
Experience as a s.w. volunteer	11	3.5	2.3	67	1.9	1.9	2.22*

\* Significant at  $p < .05$

Table 3 also indicates a small variation between the average years of social work employment experience between males (mean = 1.7) and females (mean = 1.3). Males (mean = 3.5) have more years of social work volunteer experience, however, than do females (mean = 1.9). To test if this relationship is significant the  $t$  test was used. The value for  $t$  was 2.22, which is significant at the .05 level, thus indicating a significant difference between males and females in terms of years of volunteer experience.

Table 4 illustrates the age, years of experience as a social worker and years of volunteer experience grouped by student level.

**Table 4.** Age and years of experience as a social worker and as a social work volunteer grouped by student level

	<u>Undergraduates</u>			<u>Graduates</u>			<u>t</u>
	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	
Age	60	26.2	6.2	21	33.9	5.9	-5.09**
Experience as a social worker	59	.5	1.4	22	3.7	3.1	-4.74**
Experience as a s.w. volunteer	58	2.2	2.1	20	2.0	2.1	.44

\*\* Significant at  $p < .001$

Graduate students (mean = 33.9) are older than undergraduate students (mean = 26.2). The  $t$  value of 5.09 is significant at the .001 level, indicating that there is a significant difference between undergraduate and graduate students in terms of their age. Graduate students (mean = 3.7) have more years of social work employment experience than undergraduate students (mean = .5). The  $t$  value of -4.74 is significant at the .001 level, which indicates that there is a significant difference in years of experience in social work employment between undergraduate and graduate students. In terms of experience as a social work volunteer, Table 4 shows, however, that there is a small



variation in the average years of service between undergraduates (mean = 2.2) and graduates (mean = 2).

### The Sex Role Identity of Social Work Students

This section seeks to answer the first research question: "What proportion of social work students fall into the masculine, feminine, androgynous and undifferentiated sex roles?" In order to make explicit the sex role identity of the social work students, the Bem Sex Role Inventory (BSRI) was used. Scoring procedures followed the instructions of Bem (1977).

The masculinity and femininity scores were computed by adding the scores on each of the 20 masculine and feminine items and dividing by the number of valid responses. This allowed two cases that had not responded to one BSRI item to be retained for analysis. Based on the total sample scores, the median for masculinity and femininity were computed. The median for the masculinity and femininity scores was used as the cutoff point.

Table 5. Distribution of masculinity and femininity scores on BSRI, weighted sample

	<u>N<sup>a</sup></u>	<u>Min.</u>	<u>Max.</u>	<u>Mean</u>	<u>s.d.</u>	<u>Median</u>
Masculinity	139	3.10	6.10	4.86	.62	4.80
Femininity	139	3.60	6.40	4.94	.53	5.00

<sup>a</sup> Male cases were weighted by a factor of 6.3 to equalize the size of the male and female strata

As recommended by Bem (1977), the male sample was weighted by a factor of 6.3 to equalize the size of the male and female strata. The distribution of these scores is shown in Table 5.

The median for the masculinity scores was 4.80, while for the femininity scores it was 5.00. Similar median scores were reported by Weinberg (1981). Based on her sample scores, the masculinity median was 4.90 and the femininity median was 5.00.

Table 6 presents the distribution of the sex role identity of the students.

Table 6. Frequency distribution of BSRI sex role identity

<u>Category</u>	<u>Frequency</u>	<u>Percentage</u>
Undifferentiated	9	11.1
Feminine	25	30.9
Masculine	20	24.7
Androgynous	<u>27</u>	<u>33.3</u>
Total	81	100.0

The largest group was classified as androgynous (27 or 33.3%). The percentage for feminine was 30.9% (25) and 24.9% (20) for masculine. Only nine (11.1%) were classified as undifferentiated.

### Sex Role Identity by Sex

Table 7 illustrates the sex role identity of social work students in terms of their sex. The largest group of males was classified as androgynous (4 or 36.4%). Females were classified as either androgynous (23 or 32.9%) or feminine (23 or 32.9%). There were three (27.3%) masculine males and 17 (24.3%) masculine females. Only two (18.2%) of the males and seven (10%) of the females were classified as undifferentiated.

Table 7. Crosstabulation of BSRI categories by sex

Category	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
Undifferent.	2	18.2	7	10.0	9	11.1
Feminine	2	18.2	23	32.9	25	30.9
Masculine	3	27.3	17	24.3	20	24.7
Androgynous	4	36.4	23	32.9	27	33.3
Total	11	100.0	70	100.0	81	100.0

Chi-square = 1.305, d.f. = 3, p = .73

The Chi-square test was used to test the relationship between social work students' sex role identity and their sex. The Chi-square value of 1.305 was not significant at the .05 level ( $p = .73$ ), indicating that there was no significant difference between sex role identity of males and females.

### Sex Role Identity by Student Level

Table 8 shows the crosstabulation of the sex role identity of students and their student level.

Table 8. Crosstabulation of BSRI categories by student level

Category	Graduate		Undergraduate		Total	
	N	Percent	N	Percent	N	Percent
Undifferent.	6	28.6	3	5.0	9	11.1
Feminine	3	14.3	22	36.7	25	30.9
Masculine	5	23.8	15	25.0	20	24.7
Androgynous	<u>7</u>	<u>33.3</u>	<u>20</u>	<u>33.3</u>	<u>27</u>	<u>33.3</u>
Total	21	100.0	60	100.0	81	100.0

Chi-square = 10.31, d.f. = 3,  $p < .02$

The highest percentage of graduate students were classified as androgynous (7 or 33.3%). The lowest percentage of graduate students, however, were classified as feminine (3 or 14.3%). In contrast, the largest percentage of undergraduate students were in the feminine category (22 or 36.7%). There was a high percentage of androgynous persons (20 or 33.3%), however, among undergraduate students, followed by the masculine category (15 or 25%). The least represented sex role category among undergraduate students was the undifferentiated (3 or 5%). On the other hand, the highest percentage of graduate students next to the androgynous category was the undifferentiated (6 or

28.6%), closely followed by the masculine category (5 or 23.8%).

The above data indicate that graduate and undergraduate students differ in terms of their sex roles. The Chi-square statistic was used to test this relationship. The Chi-square value of 10.31 is significant at the .05 level ( $p = .016$ ) indicating that there is a significant difference in sex role identity between graduate and undergraduate students.

#### Comparison of Sex Role Identity

##### Between the 1986 and the 1981 Samples

In order to explore changes that may have occurred in the sex role identity of students across time, the distribution of the present data was compared to that found in Weinberg (1981). Table 9 illustrates the comparison of sex role identity between the 1986 fourth year students and the 1981 fourth year students in Weinberg's study.

There are some differences between the 1986 and 1981 fourth year students. While the highest percentage of the 1986 students were classified as feminine (22 or 36.7%), the highest percentage of the 1981 students were classified as androgynous (11 or 34.3%). The least represented sex role categories among the 1981 sample were the feminine (6 or 18.8%) and undifferentiated categories (6 or 18.8%). The least represented sex role category for the 1986 sample was the undifferentiated (3 or 5%). While the largest percentage of the 1986 students were classified as feminine,

this percentage was closely followed by androgynous (20 or 33.3%) and masculine (15 or 25%). In the 1981 student group, the androgynous category was closely followed by the masculine category (9 or 28.1%).

**Table 9.** Comparison of BSRI category distribution between Fourth Year students in 1986 and Fourth Year students in Weinberg (1981)

Category	1986		1981		Total	
	N	Percent	N	Percent	N	Percent
Undifferent.	3	5.0	6	18.8	9	9.8
Feminine	22	36.7	6	18.8	28	30.4
Masculine	15	25.0	9	28.1	24	26.1
Androgynous	<u>20</u>	<u>33.3</u>	<u>11</u>	<u>34.3</u>	<u>31</u>	<u>33.7</u>
Total	60	100.0	32	100.0	92	100.0

Chi-square = 6.32, d.f. = 3, Not significant at  $p = .05$  (critical value at  $p = .05$  is 7.82); Significant at  $p = .10$

The Chi-square statistic was used to test for the existence of a difference between the 1986 and 1981 4th year students in terms of their sex role identity. The Chi-square value of 6.32 is not significant at the .05 level. This relationship, however, is significant at the .10 level. This suggests that there is, in fact, some difference between the 1981 and 1986 fourth year students regarding their distribution into sex role categories.

Table 10 presents the comparison of sex role identity between the 1986 graduate students and the 1981

practitioners in the study conducted by Weinberg. The highest percentage of the 1986 graduate students were classified as androgynous (7 or 33.3%). For the 1981 practitioners, the highest percentage was in the masculine category (20 or 30.8%). For both the 1986 and the 1981 samples, the most represented sex role category was followed by the undifferentiated classification (6 or 28.6% and 17 or 26.2% respectively). The lowest percentage for the 1986 graduate students was in the feminine category (3 or 14.3%). For the 1981 practitioners the lowest percentages were in the feminine and the androgynous category (14 or 21.5% in each).

**Table 10.** Comparison of BSRI category distribution between 1986 graduate students and practitioners in Weinberg (1981)

Category	1986		1981		Total	
	N	Percent	N	Percent	N	Percent
Undifferent.	6	28.6	17	26.2	23	26.7
Feminine	3	14.3	14	21.5	17	19.8
Masculine	5	23.8	20	30.8	25	29.1
Androgynous	7	33.3	14	21.5	21	24.3
Total	60	100.0	32	100.0	92	100.0

Chi-square = 1.63, d.f. = 3, N.S. (critical value at  $p = .05$  is 7.82)

The Chi-square statistic was used to test the difference between the 1986 graduate students and the 1981

practitioners regarding sex role identity. The Chi-square value of 1.63 indicates that this difference is not significant at the .05 level.

#### The Clinical Judgement of Social Work Students

The clinical judgement of social work students was measured by a revised version of the Treatment Decision Inventory (Fischer, 1970). The instrument used in this study was developed by Fischer et al. in 1976. It consisted of an eleven item inventory where respondents indicated their perception of the client on a six-point Likert-type scale. The definitions and scaling used for the clinical judgement variables are provided in Table 11.

#### Clinical Judgement and Demographic Information

Clinical judgement of the client was analyzed in terms of the demographic information on social work students. Pearson's  $r$  correlation coefficient was used to measure the degree of association between clinical judgement items and interval/ratio demographic data. The demographic items analyzed were: age, years of social work employment experience and years of social work volunteer experience. Table 12 illustrates the correlation coefficients between clinical judgement items and these demographic variables.

A significant relationship was found between the age of respondents and three clinical judgement items. The  $r$  of .24 at the .05 level indicates a significant relationship between the age of social work students and their tendency towards being directive or non-directive with the client.



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**Table 11. Definition and scaling of clinical judgement variables**

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<u>Maturity</u>	Perceived level of client's emotional maturity 1 = mature; 6 = immature
<u>Prognosis</u>	Perceived prognosis for treatment 1 = very favourable; 6 = very unfavourable
<u>Disturbance</u>	Perceived overall level of disturbance of client 1 = seriously disturbed; 6 = little disturbed
<u>Intelligence</u>	Perceived general level of intelligence of the client 1 = superior intelligence; 6 = low intelligence
<u>Self-reliance</u>	Level to which would encourage client to be more self-reliant 1 = would encourage; 6 = would not encourage
<u>Warmth</u>	Perceived need of client for warmth and support in treatment 1 = a great deal; 6 = very little
<u>Directive</u>	Level to which respondent would be directive or non directive (strict or permissive) with client 1 = very strict; 6 = very permissive
<u>Home &amp; family</u>	How much respondent would encourage client to be more home and family oriented 1 = would encourage; 6 = would not encourage
<u>Enthusiasm</u>	How enthusiastic respondent would be to have this person as a client 1 = very enthusiastic; 6 = very unenthusiastic
<u>Attitude</u>	Respondent's personal attitude towards client 1 = very positive; 6 = very negative
<u>Expressiveness</u>	How much respondent would encourage client to be more emotionally expressive 1 = would encourage; 6 = would not encourage

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Older social work students, therefore, would tend to be more permissive in treatment with the client than would younger students.

Encouraging the client to be more home and family oriented was also related to the age of respondents. The  $r$  value of .20 is significant at the .05 level. Consequently, older social work students would tend to encourage the client to be less home and family oriented than would younger social work students.

The personal attitudes of respondents towards the client were also significantly related to the age of the students. The  $r$  value of -.22 is significant at the .05 level. Older social work students had a more positive attitude towards the client than did younger social work students.

Years of social work employment experience was significantly related to the students' perception of the prognosis for the client in treatment. The  $r$  value of .25 is significant at the .05 level. Respondents with more years of social work employment experience had a more unfavourable perception of the prognosis for the client than did those with fewer years of social work employment experience.

Years of social work volunteer experience was significantly related to the perception of respondents of prognosis, degree of disturbance and encouragement to the

**Table 12. Pearson correlation coefficients between clinical judgement variables and respondents' age, years of social work employment, and years as a social work volunteer.**

		<u>Age</u>	<u>Years of s.w. employment</u>	<u>Years as s.w. volunteer</u>
Maturity	r =	-.10	-.01	-.12
	n =	79	79	76
Prognosis	r =	.04	.25**	.17*
	n =	81	81	78
Disturbance	r =	.06	.01	-.22**
	n =	81	81	78
Intelligence	n =	.06	.04	.09
	n =	81	81	78
Self-reliance	r =	-.08	.07	.05
	n =	81	81	78
Warmth	r =	-.03	-.12	.11
	n =	81	81	78
Directive	r =	.24**	.04	.03
	n =	81	81	78
Home & family	r =	.20**	.01	.16*
	n =	81	81	78
Enthusiasm	r =	-.02	-.08	-.07
	n =	81	81	78
Attitude	r =	-.22**	-.04	.06
	n =	81	81	78
Expressiveness	r =	-.11	.04	.05
	n =	81	81	78

\* Significant at  $p < .10$   
 \*\* Significant at  $p < .05$

client to be more home/family oriented. The  $r$  value of .17 is significant at the .10 level, indicating a significant relationship between years of social work volunteer experience and the perception of respondents of the client's prognosis. Students with more years of volunteer experience have a more unfavourable perception of the client's prognosis than do students with fewer years of volunteer experience.

A significant relationship was also found between years of social work volunteer experience and the perception of respondents of the client's degree of disturbance. The  $r$  value of -.22 indicates a significant relationship at the .05 level between these two variables. This finding reveals that those with more years of social work volunteer experience perceive the client to be more disturbed than do those with fewer years of social work volunteer experience.

A significant relationship was found between years of volunteer experience and encouragement of respondents to the client to be more home and family oriented. The  $r$  value of .16 is significant at the .10 level, indicating a significant relationship between these two variables. Respondents with more years of volunteer experience would tend to encourage the client to be less home and family oriented than would those with fewer years of volunteer experience.

The strength of the associations between the variables which were found to be significant in Table 12 can be

estimated following Guilford's suggested interpretations for values of  $r$ . According to Guilford, the  $r$  values range from slight, almost negligible to a definite but small relationship between the two variables in each association (Sprinthall, 1982).

### Clinical Judgement Classified by Sex

Table 13 illustrates the clinical judgements of the client classified by the sex of respondents. In order to test the association between each clinical judgement

Table 13. Clinical judgement of client classified by sex of respondent

	Males			Females			t
	N	Mean	s.d.	N	Mean	s.d.	
Maturity	11	2.5	1.1	68	3.0	1.3	-1.33
Prognosis	11	3.0	1.2	70	2.7	.8	.70
Disturbance	11	4.5	1.0	70	4.0	1.3	1.32
Intelligence	11	3.1	1.4	70	2.4	.8	2.10*
Self-reliance	11	3.6	1.5	70	3.2	1.3	.91
Warmth	11	2.6	1.2	70	2.4	.8	.42
Directive	11	3.6	1.0	70	3.5	1.4	.51
Home & family	11	3.7	1.3	70	2.6	1.3	.83
Enthusiasm	11	3.0	1.3	70	2.6	1.3	.83
Attitude	11	2.0	1.1	70	2.4	1.0	-1.22
Expressiveness	11	2.2	1.4	70	2.0	1.0	.32

\* Significant at  $p < .10$

variable and the sex of the social work students, the  $t$  test was used.

There was a significant relationship between the sex of respondents and one of the eleven clinical judgement items, perception of the general level of intelligence of the client. The  $t$  value of 2.10 is significant at the .10 level. This indicates a significant difference between the perception of males and females of the intelligence of the client. Table 13 shows that male social work students judged the client to be significantly less intelligent (mean = 3.1) than did female social work students (mean = 2.4). This result should be interpreted with caution due to the low male sample size ( $n = 11$ ) as compared to the female sample size ( $n = 70$ ).

#### Clinical Judgement Classified by Student Level

Table 14 presents the clinical judgement of the client according to the student level of respondents. The  $t$  test was used to see if there were any differences between the clinical judgement of graduate and undergraduate students. The values of  $t$  were not significant at the .10 level.

Consequently, graduate and undergraduate students do not differ in clinical judgement of the androgynous client.

#### Clinical Judgement Classified by other Demographic Variables

The relationship of the eleven clinical judgement items with all other demographic variables were analyzed.

Most of these relationships were found to be not significant. There were two associations between clinical

judgement variables and demographic data, however, that were found to be significant.

**Table 14.** Clinical judgement of client classified by student level

	<u>Graduates</u>			<u>Undergraduates</u>			<u>t</u>
	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	
Maturity	20	3.0	1.2	59	3.0	1.3	.11
Prognosis	21	3.0	1.2	60	2.7	.9	1.14
Disturbance	21	4.4	1.1	60	4.0	1.2	1.48
Intelligence	21	2.7	.8	60	2.4	.9	1.12
Self-reliance	21	3.4	1.4	60	3.2	1.3	.48
Warmth	21	2.5	.9	60	2.4	.8	.69
Directive	21	3.6	1.2	60	3.5	1.0	.42
Home & family	21	3.5	1.2	60	3.5	1.4	-.08
Enthusiasm	21	2.8	1.3	59	2.6	1.3	.37
Attitude	21	2.1	.7	60	2.5	1.1	-1.44
Expressiveness	21	2.2	1.2	60	2.0	1.0	.61

The perception of respondents of the client's need for warmth and support was crosstabulated with social work volunteer experience. The data show that those with no volunteer experience perceive that the client needs more warmth and support (mean = 2.1) than do those who have volunteer experience (mean = 2.6). The  $t$  value of  $-1.81$  is significant at the .05 level. This shows that there is a significant difference between those who have social work

volunteer experience and those who have not in terms of their perception of the warmth and support needed by the client.

The perception of respondents of the client's prognosis was crosstabulated with social work employment experience. The data shows that those without social work employment experience had a more favourable prognosis of the client (mean = 2.6) than did social work students who had employment experience (mean = 3.1). The  $t$  value of -3.05 is significant at the .01 level. This indicates that there is a significant difference between social work students who have employment experience and those who have not in terms of their perception of the client's prognosis.

#### Client Groups (by Age and Sex)

##### with which Respondents Prefer to Work

The distribution of responses as to client groups (by sex) with which the respondents work best was analyzed. The data show that the largest percentage of the sample (58 or 76.3%) prefer to work with female clients. Only 18 (23.7%) prefer to work with males.

Table 15 shows the distribution of responses as to the client groups (by age) with which respondents would prefer to work.

The highest percentage of social work students (25 or 31.3%) preferred to work with young adults. This choice was followed by preference to work with adolescents (19 or 23.8%). There were 16 (28%) who preferred to work with



children and 13 (16.3%) with the middle-aged. Only 7 (8.8%) preferred to work with the aged (8.8%).

**Table 15.** Distribution of responses regarding the client group (by age) with which respondents would prefer to work

<u>Preferred group</u>	<u>Frequency</u>	<u>Percentage</u>
Children	16	20.0
Adolescents	19	23.8
Young adults	25	31.3
Middle aged	13	16.3
Aged	<u>7</u>	<u>8.8</u>
Total	80	100.0

Client Groups (by Sex and Age) with which  
Respondents Prefer to Work classified by  
the Sex and Student Level of Respondents

Client groups (by sex) with which respondents prefer to work were analyzed in relation to the sex of respondents. Both males and females prefer to work with female clients. This preference was more pronounced for females (52 or 80%) than for males (6 or 54.5%). The Chi-square value of 2.11, however, is not significant at the .05 level ( $p = .15$ ). This indicates that there is no significant difference between males and females regarding the groups (by sex) with which they prefer to work.

Table 16 shows the client groups (by age) with which respondents prefer to work cross-tabulated with the sex of respondents. The Chi-square value of 2.34 is not significant at the .05 level ( $p = .67$ ). This indicates that there is no significant difference between males and females and the client groups (by age) with which they prefer to work.

Table 16. Crosstabulation of client groups (by age) with which respondents prefer to work with sex of respondents

Preferred Group	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
Children	4	36.5	12	17.4	16	20.0
Adolescents	2	18.2	17	24.6	19	23.8
Young adults	3	27.3	22	31.9	25	31.3
Middle aged	1	9.1	12	17.4	13	16.3
Aged	<u>1</u>	<u>9.1</u>	<u>6</u>	<u>8.7</u>	<u>7</u>	<u>8.8</u>
Total	11	100.0	69	100.0	80	100.0

Chi-square = 2.34, d.f. = 4,  $p = .67$

Client groups (by sex) with which respondents prefer to work was crosstabulated with student level. Both graduate and undergraduate students prefer to work with females. This preference was more pronounced for graduate students (17 or 89.5%) than for undergraduate students (41 or 71.9%). The Chi-square value of 1.55 at the .05 level ( $p = .21$ ), however, is not significant. Consequently, there is no

significant difference between graduates and undergraduates regarding the client groups (by sex) they prefer to work.

Table 17 shows the client groups (by age) respondents prefer to work combined with student level.

Table 17. Crosstabulation of client groups (by age) with which respondents prefer to work with student level

Preferred Group	Graduate		Undergraduate		Total	
	N	Percent	N	Percent	N	Percent
Children	6	28.5	10	16.9	16	20.0
Adolescents	2	9.5	17	28.8	19	23.8
Young adults	8	38.1	17	28.8	25	31.3
Middle aged	4	19.0	9	15.3	13	16.3
Aged	1	4.8	6	10.2	7	8.8
Total	21	100.0	59	100.0	80	100.0

Chi-square = 2.34, d.f. = 4, p = .67

The Chi-square of 2.34 is not significant at the .05 level (p = .67). This indicates that there is no significant difference between graduates and undergraduates in terms of the client groups (by age) with which they prefer to work.

#### Client Groups (by Age) with which Respondents

#### Prefer to Work by the Age and Years of

#### Social Work Volunteer Experience of Respondents

A one-way analysis of variance was conducted to see if there was any relationship between age of respondents and

the client groups (by age) with which they prefer to work. The results are shown in Table 18.

Table 18. Age of social work students classified by the client groups (by age) with which they work best

<u>Preferred group</u>	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	<u>F-test</u>
Children	16	26.44	1.57	2.98**
Adolescents	19	26.05	1.10	
Young adults	25	28.48	1.36	
Middle aged	13	33.62	2.36	
Aged	7	27.57	2.72	
Total	80	28.25	6.95	

\*\* Significant at  $p < .05$

The  $F$  value of 2.98, significant at the .05 level, indicates that the age of social work students affects the client groups (by age) with which they prefer to work. The Scheffe procedure indicates that the group of social work students who prefer to work with middle-aged clients is significantly older at the .10 level than the groups of social workers who prefer to work with children and adolescents.

Similarly, a one-way analysis of variance was conducted to explore the relationship between the client groups (by sex) with which respondents prefer to work and years of social work volunteer experience. The results are shown in Table 19.

**Table 19. Years of social work volunteer experience of students classified by the client groups (by age) with which they work best**

<u>Preferred group</u>	<u>N</u>	<u>Mean</u>	<u>s.d.</u>	<u>F-test</u>
Children	15	1.80	1.52	2.65**
Adolescents	19	2.16	1.57	
Young adults	24	2.42	1.89	
Middle aged	12	.92	1.24	
Aged	7	3.13	4.30	
Total	77	2.13	2.08	

\*\* Significant at  $p < .05$

The F value of 2.65, significant at the .05 level, indicates that years of social work volunteer experience affects the client groups (by age) with which respondents prefer to work. The Scheffe test showed at the .10 level that social work students who prefer to work with the aged have significantly more years of social work volunteer experience than do social workers who prefer to work with the middle-aged.

#### Sex Role Identity and Clinical Judgement of Social Work Students

This section seeks to answer the second research question: "Is there a relationship between the sex role identity of social work students and their clinical judgement?"

One-way analyses of variance were carried out to test the relationship between the sex role identity of respondents and each of the eleven clinical judgement variables. Table 20 presents the results showing the means and standard deviations of the clinical judgement variables for each sex role category.

There is no significant relationship between the sex role categories and most clinical judgement items. Four clinical judgement variables, however, were found to be related significantly to the sex role identity of social work students.

#### Clinical Judgement Variables

##### Significantly Related to Sex Role Identity

Sex role identity affects the perception of respondents of the overall level of emotional maturity of the client.

The  $F$  value of 2.55 is significant at the .10 level. The Scheffe procedure, however, did not find any two groups of sex roles to be significantly different from each other at the .10 level.

Sex role identity affects the perception of respondents of the overall degree of disturbance of the client. The  $F$  value of 3.119 is significant at the .05 level. The Scheffe test indicates that social work students classified as undifferentiated perceive the client to be less disturbed than do those who are classified as masculine.

**Table 20. Clinical judgements of client according to sex role categories of students**

		Sex role				F-test
		Und.	Fem.	Masc	Andr	
Maturity	Mean	3.75	3.25	2.90	2.56	2.553
	s.d.	1.49	1.36	1.21	1.01	
	n	8	24	20	27	
Prognosis	Mean	3.00	2.52	2.95	2.81	1.318
	s.d.	.87	.92	.60	.88	
	n	9	25	20	27	
Disturbance	Mean	5.11	4.04	3.70	4.00	3.119**
	s.d.	1.05	1.40	1.08	1.00	
	n	9	25	20	27	
Intelligence	Mean	3.44	2.32	2.30	2.48	4.892**
	s.d.	1.01	.69	.80	.85	
	n	9	25	20	27	
Self-reliance	Mean	3.44	3.12	3.40	3.22	.221
	s.d.	1.67	1.20	1.23	1.47	
	n	9	25	20	27	
Warmth	Mean	3.56	2.24	2.00	2.48	10.412***
	s.d.	.88	.72	.73	.64	
	n	9	25	20	27	
Directive	Mean	3.56	3.56	3.56	3.48	.029
	s.d.	1.13	1.00	1.19	1.01	
	n	9	25	20	27	
Home & family	Mean	4.11	3.52	3.10	3.70	1.339
	s.d.	1.54	1.50	1.33	1.30	
	n	9	25	20	27	
Enthusiasm	Mean	3.22	2.67	2.65	2.52	.688
	s.d.	1.39	1.40	1.18	1.19	
	n	9	25	20	27	
Attitude	Mean	2.22	2.52	2.25	2.37	.328
	s.d.	1.09	1.05	.97	1.04	
	n	9	25	20	27	
Expressiveness	Mean	1.78	1.84	2.20	2.26	1.070
	s.d.	.67	.75	1.11	1.26	
	n	9	25	20	27	

\* Significant at  $p < .10$   
 \*\* Significant at  $p < .05$   
 \*\*\* Significant at  $p < .001$

The relationship between the sex role identity of social work students and their perception of the client's general level of intelligence was found to be significant. The  $F$  value of 4.892 is significant at the .05 level. The Scheffe procedure indicates that respondents who are classified as undifferentiated perceive the client to be significantly less intelligent (mean = 3.44) than did those who were classified as androgynous (mean = 2.48), masculine (mean = 2.30), or feminine (mean = 2.32).

The last relationship found to be significant was that between the sex role identities of respondents and their perception of the client's need for warmth and support in treatment. The  $F$  value of 10.412 is significant at the .001 level. The Scheffe procedure indicates that subjects who are classified as undifferentiated perceive the client to need less support and warmth (mean = 3.56) than do those who are classified as masculine (mean = 2.00), feminine (mean = 2.24) or androgynous (mean = 2.48).

#### Sex Role Identity and Client Groups (by Sex) with which Respondents Prefer to Work

The relationship between sex role category and client groups (by sex and by age) with which respondents prefer to work was analyzed. The relationship between sex role identity and client groups respondents prefer to work with (by sex) was found to be significant. Table 21 illustrates this finding. The Chi-square value of 6.29 is significant at the .10 level, confirming that there is a significant



relationship between the sex role identity of the students and the client groups (by sex) with which respondents prefer to work.

**Table 21. Crosstabulation of BSRI categories with groups respondents prefer to work with (by sex)**

Category	Males		Females		Total	
	N	Percent	N	Percent	N	Percent
Undifferent.	1	11.1	8	88.9	9	100.0
Feminine	2	8.7	21	91.3	23	100.0
Masculine	6	33.3	12	66.7	18	100.0
Androgynous	9	34.6	17	65.4	26	100.0
Total	18	23.7	58	76.3	76	100.0

Chi-square = 6.29 d.f. = 3, p = .10

To determine the degree of the association between the sex role identity and client groups (by sex) with which respondents prefer to work, the Phi statistic was used. The Phi value of .18 indicates a slight relationship between sex role identity and client groups (by sex) with which respondents prefer to work (Sprinthall, 1982).

#### Sex Role Identity and Diagnosis,

#### Treatment, and Attitude Variables

The eleven clinical judgement items were collapsed into three summary variables: diagnosis, treatment, and attitudes. The items that were included in the diagnosis variable were: degree of maturity, prognosis, degree of

disturbance, level of intelligence, and warmth needed by the client. The treatment variable consisted of: encouragement of self-reliance, being directive/non-directive, encouragement to be home/family oriented, and encouragement to be emotionally expressive. The attitude variable included: enthusiasm to work with this client and personal attitude towards this client.

The summary variables were computed by adding the scores on the individual component variables and dividing by the number of component variables. The relationship between these variables and the sex role identity of respondents was explored using a one-way analysis of variance. The results are shown in Table 22.

Table 22. Summary clinical judgements of client according to sex role categories of students

		Sex role				F-test
		Und.	Fem.	Masc	Andr	
Diagnosis	Mean	3.07	3.02	3.15	2.94	.639
	s.d.	.69	.52	.37	.55	
	n	9	25	20	27	
Treatment	Mean	3.50	3.59	3.68	3.50	.382
	s.d.	.55	.48	.65	.65	
	n	9	25	20	27	
Attitude	Mean	3.44	3.56	3.35	3.35	.606
	s.d.	.58	.72	.59	.57	
	n	9	25	20	27	

No significant relationship was found between any of the three summary clinical judgement variables and the sex role identities of students.

### Summary

There are considerably more females (70 or 86.4%) in this sample of social work students. There were 60 (74.1%) undergraduate students, while 21 (25.9%) were graduate students. The majority of the students were full-time (76 or 93.8%), were Canadian (74 or 91.4%), had not been employed as social workers (74 or 64.2%), and had social work volunteer experience (63 or 78.7%).

The average age of the students was 28.17. They worked on the average 1.33 years as social workers and served an average of 2.13 years as volunteers.

There was little variation in the distribution of males and females in the graduate and undergraduate programs. Most undergraduate students (49 or 81.7%) had volunteer experience and most graduate students (17 or 81%) had social work employment experience.

There was a small variation between males and females in age and in years of social work employment experience. There was, however, a significant difference between males and females in terms of years of volunteer experience. Males engaged in more years of volunteer service (mean = 3.5) than did females (mean = 1.9).

As was expected, graduate students were significantly older (mean = 33.9) and had more years of social work

employment experience (mean = 3.7) than did undergraduate students (means = 26.2 and .5 respectively). Graduates and undergraduates did not differ in terms of years of social work volunteer experience (means = 2.0 and 2.2 respectively).

In terms of the proportion of social work students which fall into each of the four sex role categories, the highest percentage were classified as androgynous (27 or 33.3%). This category was closely followed by the feminine category (25 or 30.9%). A smaller percentage of students were classified as masculine (20 or 24.7%). Only 9 (11.1%) were in the undifferentiated category.

There was no significant difference between males and females regarding sex role identities. Most males, however, were classified as androgynous (4 or 36.4%). Most females were classified as either androgynous or feminine (23, or 32.9%, in each case).

There was a significant difference between graduate and undergraduate students regarding their sex role identity. While most graduate students were classified as androgynous (7 or 33.3%), undergraduate students were mostly in the feminine sex role category (22 or 36.7%). Interestingly, the feminine category was the least represented among the graduate students (3 or 14.3%).

There was a significant difference at the .10 level of significance when comparing the sex role identity of the 1986 fourth year students and that of the 1981 fourth year

students in the study conducted by Weinberg (1981). While most 1981 students fell into the androgynous category (11 or 34.3%), the largest category for the 1986 students was the feminine category (22 or 36.7%). For the 1981 student group, the least represented categories were the feminine and the undifferentiated (6 or 18.8%, in each).

There was no significant difference when comparing the sex role identity of the 1986 graduate students with that of the practitioners in Weinberg (1981). Most of the 1986 graduate students, however, were classified as androgynous (7 or 33.3%), while most of the 1981 practitioners were masculine (20 or 30.8%).

Clinical judgement variables were analyzed in terms of the respondent's demographic information. The findings indicate that: 1) older social work students tended to be more permissive in treatment with the client than younger students, 2) older students tended to encourage the client to be less home and family oriented than younger social work students, 3) older social work students had a more positive attitude towards the client than did younger students, 4) respondents with more years of social work employment experience had a more unfavourable perception of the prognosis of the client than did those with fewer years of social work employment, 5) respondents with more years of volunteer experience had a more unfavourable perception of the prognosis of the client than did students with less years of volunteer experience, 6) students with more years

of social work volunteer experience perceived the client to be more disturbed than did those with fewer years of social work volunteer experience, 7) students with more years of volunteer experience tended to encourage the client to be less home and family oriented than those with less years of volunteer experience, 8) male social work students judged the client to be less intelligent than did female social work students, 9) students with no volunteer experience perceived that the client needed more warmth and support than did those who had volunteer experience, 10) students without social work employment experience gave a more favourable prognosis of the client than did students who had employment experience.

With respect to the client groups (by age and by sex) with which respondents prefer to work, two relationships were found significant in relation to demographic variables. Older social work students preferred to work with middle-age clients while younger students preferred to work with children and adolescents. Students who preferred to work with the aged had significantly more years of social work volunteer experience than did students who preferred to work with the middle-aged.

The second research question seeks to ascertain if there is a relationship between the sex role identity of social work students and their clinical judgement. Only four clinical judgement variables were found to be related significantly to the sex role categories students. Sex role

identity affected the perception of respondents of the overall level of emotional maturity of the client. The Scheffe procedure, however, did not identify any two groups of sex roles to be significantly different from each other at the .10 level. Undifferentiated students perceived the client to be less disturbed than did those who were classified as masculine. Respondents who were classified as undifferentiated also perceived the client to be less intelligent than did those who were classified as androgynous, masculine, or feminine. Undifferentiated students perceived the client to need less support and warmth than did those who were classified as masculine, feminine or androgynous.

In terms of sex role categories and clients group (by sex and by age) with which the respondents preferred to work, only client groups (by sex) was found to be significantly related to sex role identity. Most respondents preferred to work with females. The proportion preferring to work with males, however, was higher for masculine and androgynous respondents than for feminine and undifferentiated respondents.

Summary clinical judgement variables (diagnosis, treatment, and attitude) were created. No significant relationship, however, was found between these variables and the sex role identity of social work students.

V

## CHAPTER V

### INTERPRETATION AND DISCUSSION OF FINDINGS

This chapter begins with the interpretation of the findings related to the characteristics of the sample. Subsequently, findings regarding the sex role identity of social work students are interpreted. Sex role identity distributions in this sample and in the study conducted by Weinberg (1981) also are compared. Next, the interpretation of findings on clinical judgement items in terms of demographic variables is presented. Interpretations of findings related to the relationship between client groups with which respondents preferred to work and demographic variables also are discussed. Lastly, the interpretation of findings regarding the relationship between the sex role identity of social work students and their clinical judgement is presented.

#### Characteristics of the Sample

There was an extremely high response rate among subjects. Of the 95 social work students who met the conditions required for the sample, 81 (85.26%) completed the questionnaire. This high response rate can be attributed to two factors. First, there is a high response rate when using group administered questionnaire surveys (Austin & Crowell, 1981). Second, the data collection was



completed during the Theory and Practice of Social Work IV (47-437) course. Each section of the course is composed of a small number of students (approximately 20) which may have helped to produce the high response rate. In addition, students taking such courses are highly motivated by social work practice issues.

There were considerably more females (70 or 86.4%) than males in this sample of social work students. There was, however, little variation in the distribution of males and females between the graduate and undergraduate programs. This finding is consistent with the findings of female preponderance in the profession reported by several researchers (C.A.S.S.W. Task Force, 1977; Davis & Brook, 1985; Norman & Mancuso, 1980; Rauch, 1976). The Ontario Association of Professional Social Workers (1986, February), for instance, reported that 67.2% of its members were females.

The high proportion of women in this sample is similar to the proportions reported by Weinberg (1981) in her study of University of Windsor social work students and practitioners. She reported that females comprised 77% (119) of the overall sample. Her findings, however, indicate that 94% (28) of fourth year students were females. There were 53 (88.3%) females among the 1986 fourth year sample of students. The high proportion of women in the 1981 and 1986 samples indicates that social work continues to be a "female" field.

Most social work students were single (47 or 58%).

This finding can be expected since most students were young.

While the average age of students was 28.17, most students were in the 21 to 25 year old bracket. Further, as expected, graduate students were older (mean = 33.9) than undergraduate students (mean = 26.2). The majority of students were undergraduates (60 or 74%) and full-time (76 or 93.3%). The School of Social Work at the University of Windsor is mainly an undergraduate school. In addition, part-time studies are discouraged.

Due to the large number of undergraduate students in this sample, it is not surprising to find that most students (59 or 64.2%) did not have social work employment experience. Most graduate students (17 or 81%), however, had employment experience. They had, on average, significantly more years of social work employment experience (3.7) than did undergraduates (.5). This finding is expected since it is more likely that those who already have a degree in social work would be hired as social workers.

The majority of students had volunteer experience (63 or 77.8%). There was, however, no significant difference between graduates and undergraduates regarding volunteer experience. Nevertheless, undergraduate students engaged in volunteer activities more (49 or 81.7%) than did graduate students (14 or 70%). This finding can be the result of the recent effort of the School of Social Work to involve

students in volunteer activities. It may also be a consequence of the desire of undergraduate students to acquire more exposure to practice. In addition, it is possible that undergraduate students remembered their volunteer activities more vividly than did graduate students. The volunteer activity of undergraduate students probably occurred more recently than the volunteer activity of graduate students.

Males engaged in significantly more years of volunteer service (mean = 3.5) than did females (mean = 1.9). This difference between the sexes can be the result of the socialization process that encourages males to seek rewards and independence outside the family system (Greenglass, 1982). This finding, however, should be taken with caution due to the small size of the male sample.

#### The Sex Role Identity of Social Work Students

In order to make explicit the sex role identities of social work students the BSRI was used. Scoring procedures followed the instructions of Bem (1977). As recommended by Bem, the male sample was weighted by a factor of 6.3 to equalize the size of the male and female strata.

The largest group of social work students were classified as androgynous (27 or 33%). This category was closely followed by the feminine category (25 or 30.9%). A smaller percentage of students were classified as masculine (20 or 24.7%). Only 9 (11.1%) were in the undifferentiated category. According to these results, the largest group in

this sample is supposedly psychologically healthier, is more socially effective, and has higher self-esteem and lower anxiety and depression than those who are classified as feminine or undifferentiated (Spence & Helmreich, 1980).

### Sex Role Identity and Demographic Information

Graduate and undergraduate students differed significantly in terms of their sex role identity. The high percentage of feminine students among undergraduate students accounted largely for this difference. In fact, the largest percentage of undergraduate students were in the feminine category (22 or 36.7%). Graduate students, on the other hand, were least represented in the feminine category (3 or 14.3%).

The large proportion of feminine undergraduate students can, in part, be explained by the social work education system itself. Most intervention courses are at the undergraduate level. These courses stress compassion for clients, sensitivity to the needs of others, being affectionate and warm, being soft spoken, etc. (Anderson, 1981; Carkhuff, 1969; Perlman, 1979). These are all considered feminine characteristics by the BSRI (Bem, 1974).

The high proportion of feminine undergraduate students can be the result also of the interaction of variables related to age, sex, and developmental stage (Erikson, 1968). As noted above, undergraduate students were on the average significantly younger (26.2) than graduate students (33.9). According to Pleck (1975), sex typed traits reach

their peak in adolescence and decrease later in life. The high proportion of feminine undergraduate students may be related also to the lack of experience of undergraduate students as social workers. Undergraduate students were less likely to have social work employment experience. Therefore, they are in less need to exercise the masculine traits of efficiency, rationality, nonemotionality and productivity which are essential in a job situation (Kaplan & Sedney, 1980).

The high percentage of androgynous graduate students (7 or 33.35%) may be a function of the maturation process and social work employment experience. It may be that the androgynous traits of flexibility, adaptability and effectiveness spelled out by Bem (1974) are valuable qualities for pursuing a Master's degree and for working as a social worker. These qualities required of graduate students are outlined in the Self-study report to the board of accreditation (School of Social Work, 1984). Integrative and synthesizing abilities, autonomy, crisis interventive abilities, competence in the delivery of services, analytical skills and evaluative thinking are also useful qualities for social work employment experience.

While the largest percentage of undergraduates were in the feminine category, there was a high percentage of androgynous persons (20 or 33.3%) followed by the masculine category (15 or 25%). Only three (5%) were undifferentiated.

The high percentage of androgynous students among undergraduates may indicate that androgynous traits are more effective in pursuing a career as a social worker for many of these students. Practice skills have a female component (Anderson, 1981; Carkhuff, 1969; Perlman, 1969). Complying with course requirements, however, may focus on the masculine traits of competition, achievement, and analytical thinking (Greenglass, 1982).

The significant difference between graduate and undergraduate students also may be accounted for by the large proportion of undifferentiated graduate students. The highest percentage of graduate students next to the androgynous category was the undifferentiated (6 or 28.6%). According to the literature,

undifferentiated persons were clearly the worst off: more likely to report psychological problems, poorest social interactions, lowest in self-attributed positive characteristics (Cook, 1985, p. 103).

The high incidence of the undifferentiated category can be the result of the pressures of the Master's program. Term papers and field placement requirements were particularly stressful in the month of March, the time of the data collection. Further, graduate students were older than undergraduate students. Therefore, they were more likely to be married and have children. Pressures to conform to the requirements of the Master's program may have affected family relations.

Following the undifferentiated category, there was a large percentage of masculine graduate students (5 or 23.8%). Powell and Butterfield (1979) also found that graduate female students rated themselves as being more masculine than feminine. The high percentage of masculine graduate students can be attributed to the need to be assertive, independent, aggressive, and competitive in order to meet the requirements of a Master's program with a strong research orientation.

A comparison of social work programs in Ontario based on calendar information reveals that Windsor's program has one of the highest proportions of research activity. Students choosing the thesis option have 45% research content. Students choosing the major paper component have 37% research content. The only other program to exceed this is that of York University. York's thesis and research courses result in a 50% research content.

Emphasis on research affects the personality characteristics of social workers. Drisko (1983) found trait differences between researchers and clinicians in social work. Researchers were found to be more orderly and had less math anxiety than clinicians. These characteristics are similar to those classified as masculine in the BSRI. In contrast, clinicians were more affiliative and nurturant and were more math anxious than researchers. These traits are similar to the feminine traits in the BSRI.

This gap between clinicians and academics was also identified by Davis (1985).

Assertiveness, aggressiveness, independence and competitiveness, however, are also necessary even in a "female" profession. In such an environment it is easy to explain the low incidence of the feminine sex role category among graduate students (3 or 14.3%). Being consistently tender, yielding, affectionate and compassionate are not useful characteristics in pursuing a Master's degree and in social work employment.

There was no significant difference in the distribution of sex role identity between males and females. The largest group of males, however, was classified as androgynous (4 or 36.9%) followed by the masculine sex role category (3 or 27.3%). Females were primarily classified as either androgynous or feminine (23, or 32.9%, in each). Perhaps the high incidence of androgynous male social work students is the result of internalized female traits which are essential components of social work practice. This finding, however, should be taken with caution due to the small size of the male sample.

#### Comparison of Sex Role Identity

##### Between the 1986 and the 1981 Samples

In order to explore changes that occurred in the sex role identity of students across time, the distribution of the present data was compared to that found in the study conducted by Weinberg (1981). The 1986 fourth year students



differed significantly (at the .10 level of significance) when compared to the 1981 fourth year students in terms of sex role identity. Most 1981 students fell into the androgynous category (11 or 34.3%) followed by the masculine category (9 or 28.1%). The largest category for the 1986 fourth year students was the feminine (22 or 36.7%), closely followed by the androgynous category (21 or 33.3%). For the 1981 student group, the least represented categories were the feminine and the undifferentiated (6 or 18.8%). These data indicate that the 1986 sample tended to conform more to traditional female sex roles than did the 1981 sample. This finding can be attributed to the conservative climate of the past few years. Conservative governments have come to power in most Western industrialized nations, including Canada, the United States and the United Kingdom. The importation of United States culture has consistently affected Canadian thinking (Woodsworth, 1981). The "New Right" shaped Canadian values by further stressing individual achievement, the private market and the family as the main sources of income and welfare (Mishra, 1984). Traditional attitudes of the New Right towards men and women also negatively affected the Women's movement (Wallace, 1984).

There was no significant difference between the sex role identity of the 1986 graduate students and that of the practitioners in Weinberg (1981). In fact, the 1986 graduate students and 1981 practitioners had some similarities in terms of sex roles. The largest percentage

of the 1986 graduate students, however, were classified as androgynous (7 or 33.3%), while the largest percentage of the 1981 practitioners were masculine (20 or 30.8%). According to Weinberg (1981), however, those in the masculine category were social workers in non-direct service areas (11 or 50%). Social workers in non-direct service were least represented in the feminine category (1 or 4%). Practitioners in direct service were mostly concentrated in the androgynous category (20 or 27%). Interestingly, the first category was closely followed by the undifferentiated in both samples. There were six (28.6%) undifferentiated persons among the 1986 graduate students and 17 (26.2%) undifferentiated persons among the 1981 practitioners. The least represented category for the 1986 graduate sample was the feminine (4 or 14.3%). For the 1981 sample the least represented categories were both the androgynous and the feminine (14 or 21.5%, in each).

From the findings of the 1981 sample of practitioners, it appears that the type of social work service experience is related to the need for masculine or androgynous traits. The masculine characteristics, independence, assertiveness, dominance, etc., are valuable traits mainly in non-direct practice. The feminine traits of warmth, compassion, affection, etc., are valuable, in particular in direct practice (Anderson, 1982; Carkhuff, 1969; Perlman, 1979). This division between direct and indirect service according to the sex and sex role of the social worker is supported by

the literature (Davis, 1985; Gelber, 1973; Gripton, 1974; Kravetz, 1976). In order to function effectively in a masculine setting, however, direct service practitioners need to incorporate some masculine traits (Greenglass, 1982). It is also possible that the masculine component of the androgynous category is more useful for both graduate students and practitioners. After all, masculine traits are more rewarded in society (Greenglass, 1982).

What is striking is the high proportion of undifferentiated persons in both samples. As mentioned before, graduate students might experience a transitory period of high anxiety and possible depression due to pressures to conform to the requirements of the Master's program. The School of Social Work acknowledged the existence of these pressures by reorganizing the Master's program starting in the Fall of 1986 (School of Social Work, 1985a, 1985b). The 1981 sample of practitioners may have experienced similar symptoms due to the effects of job burnout. Burnout is common among social work professionals due to the high stress of their job requirements (Daley, 1979; Jayaratne & Chess, 1984).

Social work practice has been characterized by warmth, empathy, and expression of feelings. Therefore, it would be expected that persons attracted to the study of social work would tend to score higher on BSRI "feminine" items, and lower on "masculine" characteristics. Individuals who are attracted to other fields such as business administration or

engineering would value more the "masculine" characteristics of independence, assertiveness, ambition (Powell & Butterfield, 1979). In studies of business students, Johnson (1983) and Thomson (1983) report masculinity medians of 5.27 and 5.03 and femininity medians of 4.70 and 4.95, respectively. These median scores, however, were somewhat similar to the masculinity median of 4.90 and the femininity median of 5.00 reported by Weinberg (1981). Similar median scores were found for the sample in the present study. The median for the masculinity score was 4.80, while for the femininity score it was 5.00. This indicates that masculine characteristics are also valuable for the social work profession. The similarity in the masculine scores between business students and social work students can be related to the need for those traits in order to succeed in the masculine world of the university.

Masculine traits are also useful when they are integrated with female traits in social work practice (Kaplan & Sedney, 1989). Similarly, feminine traits are also useful when they are blended with masculine traits in indirect practice and research (Davis, 1985). From the present findings, however, a large percentage of students have not yet incorporated the concept of androgyny. In fact, the situation appears to have deteriorated at the undergraduate level. There is a large percentage of feminine students among the 1986 fourth year sample.

When analyzing the data pertaining to the sex role of students, it appears that sex roles may be a function of the present life situation of respondents (Germain & Gitterman, 1980). Therefore, sex role identity may change according to the interactions between individuals and their environment. Thus, sex roles may be amenable to change as a result of manipulation of the environment. When entering the work situation, a shift of sex role may occur for fourth year undergraduates.

Other interpretations of the findings can be made based on characteristics of the BSRI. The true distribution of sex role identity among the students can be questioned. Respondents might rate themselves more in terms of how they wished to be rather than how they actually see themselves. Further, while students might rate themselves in a particular sex role category they might fail to behave according to such a sex role category consistently across situations (Hilgard, Atkinson & Atkinson, 1979).

The true sex role identity of students can be questioned also due to the scoring procedures of the BSRI. As Heilbrun (1981) indicated, sex role categories of individuals classified near the midpoint on the masculinity and femininity scores are unreliable. The median of the masculinity and femininity score is used as the cut-off point. Therefore, a person scoring one point above the median in both the masculinity and femininity scales will be defined androgynous. A person scoring one score below the

median in both scales will be assigned to the undifferentiated category. The sex roles of those persons scoring around the midpoint may fluctuate upon retesting (Heilbrun, 1981).

### The Clinical Judgement of Social Work Students

The clinical judgement of social work students was measured by a revised version of the Treatment Decision Inventory (Fischer et al., 1976).

### Clinical Judgement and Demographic Information

Clinical judgement of the androgynous client was first analyzed in terms of demographic information on the social work students. Several relationships between these two groups of variables were found to be significant.

Older students consistently assessed the androgynous client more positively than did younger students. The findings indicate that older students tended to be more permissive in treatment with the client than did younger students. This suggests that older students may have identified with the client presented in the case history due to their own life experiences (Towle, 1969). Fiedler (1953) demonstrated that when a person is similar to oneself, attitudes towards that person will tend to be positive. Like the graduate students in this sample, the client depicted in the case history was a career woman with family attachments who was in her mid-thirties. As a result of this, older students may have rationalized that a more relaxed atmosphere during treatment would be more helpful in

dealing with the problem presented by the client. It is also possible that older students may have felt competent enough with practice skills to allow a more permissive environment during treatment.

Younger students, on the other hand, are less likely to identify with the client due to differences in age and developmental stages (Fiedler, 1953; Towle, 1969). They may have felt the need for a more structured environment perhaps due to the androgynous traits of the client. It is also possible that younger students would feel more uncomfortable with the problem presented by the client. Younger students may feel threatened by the straightforward manner in which the client expressed the need for a more satisfying sexual life. The professional role concerning sexual problems remains unaddressed in many settings (Gripton & Valentich, 1985). The BSW program at the University of Windsor, for example, offers one course in human sexuality. This course, however, is optional. Younger students may also be more prone to "advice giving" or to set the stage to discourage certain behaviours and attitudes of the client (Hollis, 1964).

Older students tended to encourage the client to be less home and family oriented than did younger students. This may indicate that older students may wish for the client the rewards they themselves experienced by pursuing a career. Older students may also be more knowledgeable than younger students regarding the negative affects of the role

of the full-time housewife (Gove, 1979; Weisman & Klerman, 1977). Younger students, on the other hand, may lack this knowledge perhaps because they are less likely to be married and feel the pressures to conform to the role of a housewife. Younger students may also have more conservative attitudes regarding the traditional female role. The largest proportion of undergraduate students was in the feminine sex role category. As mentioned before, the conservative climate of recent years promoted the return of traditional roles between men and women (Wallace, 1984).

Older students had a more positive attitude towards the client than did younger students. This finding may be a consequence of the identification process of older students with the client due to their similar life experiences (Towle, 1969; Fiedler, 1953).

While not significant, results indicate that older students made more positive clinical judgements than younger students in other diagnostic and attitude variables. In fact, older students perceived the client to be more mature and less disturbed. They were more enthusiastic to have Mrs. T as a client than were the younger students. Older students also indicated that the client needed more warmth and support. They would encourage the client to be more emotionally expressive than would younger students. These findings may be related to the encouragement of a more permissive environment during the treatment process.



Contrary to these findings, Fischer (1970) and Strupp (1960) found that older practitioners and therapists tended to make more negative judgements about their clients. Strupp (1960) explained his findings in terms of youthful enthusiasm on the part of young therapists. Older therapists may be more cautious when making clinical judgements.

Fischer (1970) found, however, that these negative judgements were a function of the race and social class of clients. The literature indicates that as the social class and race distance between social worker and client increases, it becomes more difficult for the social worker to empathize and communicate with the client (Briar, 1961). This finding supports the interpretation that older students were more positive towards the client due to their similar life styles.

Age of students was also significantly related to the client groups with which students preferred to work. Older social work students preferred to work with middle-aged clients while younger students preferred to work with children and adolescents. As mentioned before, students may feel more comfortable with clients who are similar to themselves regarding life experiences and age group (Fiedler, 1953; Towle, 1969). Younger students, probably undergraduates, may feel more comfortable and successful in treating clients younger than themselves. By doing so they can avoid parent-child countertransference issues with adult

clients who are old enough to be their parents. They may, however, enjoy being perceived as a parent figure or older sibling by younger clients (Hollis, 1964).

Social work employment experience was significantly related to clinical judgement items. Respondents with employment experience had a more unfavourable prognosis of the client than did students with no social work employment experience. Students with more years of employment experience gave a more unfavourable prognosis to the client than did students with fewer years of employment experience.

Fischer (1970) and Strupp (1960) also found that older and more experienced subjects tended to have more negative judgements. More unfavourable prognosis in terms of employment experience may be related to the type of problem presented to the students. According to Fanshel (1958), social workers perceived parent-child problems as more amenable to help than they did marital problems. Strupp (1960) explained that inexperienced therapists tended to have a more favourable prognosis about their clients because they have achieved greater successes as beginner therapists than later on in their careers. He also indicated that more experienced therapists do not necessarily have negative attitudes towards the client when making an unfavourable prognosis. Unfavourable prognoses may be more the result of a realistic assessment of the client.

This finding contrasts with the findings related to the age of respondents. Older students perceived the client

positively. Older students, however, did not have a more unfavourable prognosis of the client than did younger students. Graduate students were older than undergraduate students. There was no significant difference, however, between graduates and undergraduates regarding students's perception of the prognosis of the client.

It is also possible that students with more social work experience were more prone to making clinical judgement errors. Friedlander and Phillips (1984) found that experienced clinicians made significantly more errors in their clinical judgement of a moderately disturbed client than did undergraduate students. Students, however, reported themselves to be significantly less confident in making clinical judgements than did clinicians in a previous study.

Friedlander and Phillips (1984) indicated that perhaps this lack of confidence may guard students from making clinical judgement errors. Experienced clinicians "may integrate new information immediately to fit the existing clinical impression or prototype" (p. 370). By doing so, they may fail to take into consideration the possibility of an initial error in their judgements. Inexperienced and less confident judges may be more prone to incorporating new information regarding the client into their clinical judgement. Further, "their prototypes are less elaborated" (p. 370).

These findings, however, contradict the assumptions made by Miller (1959) regarding the clinical judgement of social work students. According to Miller, clinical judgement accuracy may be a function of social work practice. Therefore, the clinical judgement performed by social work students may be questioned.

The findings regarding general negative attitudes of students with more social work experience, however, should be taken with caution. No other relationship between other clinical judgement variables and employment experience or years of employment experience was found significant. Further, the direction of these non-significant relationships showed no consistency.

Several significant relationships between clinical judgement items and volunteer experience were found. Students with volunteer experience perceived that the client needed less warmth and support than did those who had no volunteer experience. Students with more years of volunteer experience had a more unfavourable prognosis of the client. They also tended to perceive the client to be more disturbed than did students who had less years of volunteer experience. Further, they would encourage the client to be less home and family oriented than would those with less years of volunteer experience.

According to Tilbury (1977), the roles of volunteers in relation to professional social workers are usually distinct and clear. The context in which volunteers work, however,

is similar to the context of professional social workers. Therefore, it is possible that similar factors to the ones outlined for students with more social work experience and prognosis apply to students who reported having more volunteer experience.

Students with more volunteer experience may perceive marital problems to be more difficult to treat than would students with less volunteer experience (Fanshel, 1958). It is also possible that students with more volunteer experience may have a more realistic clinical picture than those students with less volunteer experience (Strupp, 1960). Students with more volunteer experience, however, may make more clinical judgement errors than student with less volunteer experience (Friedlander & Phillips, 1984; Friedlander & Stockman, 1983). Miller (1958), on the other hand, would assume that students with no volunteer experience will make more clinical judgement errors than students with volunteer experience.

Except for encouragement to be less home and family oriented, all other clinical judgements of the client made by students with more volunteer experience were negative. Tilbury (1977) also indicated that volunteers enjoyed working with the elderly, the sick and children. In fact, they preferred to work with clients who were in a dependent position, in particular when they were appreciative. Therefore, it is possible that students with more years of



volunteer experience perceived the client to be too independent and assertive.

Students with more years of volunteer experience demonstrated a preference to work with the aged. Students who preferred to work with the middle-aged had significantly fewer years of volunteer experience. As mentioned above, volunteers enjoy working with the elderly (Tilbury, 1977). Volunteers also enjoy a challenging and non-routine job (Tilbury, 1977). Working with the aged appears to offer the possibility of a gratifying volunteer experience for the students.

Only one clinical judgement item was found to be significantly related to the sex of the students. Male social work students judged the client to be less intelligent than did female students. This finding is supported by the literature, which indicates that male therapists tended to rate women more negatively than did female therapists (Sherman, 1980). This finding, however, should be taken with caution. This relationship was found to be significant at the .10 level. Therefore, this relationship has a high probability of being the result of chance factors. Further, the male sample size was small.

Finally, the non-significant relationships between sex of students and clinical judgement were inconsistent. The low degree of significance of the relationship between sex of respondents and clinical judgement is consistent with the findings of Fischer et al. (1975) and of Dailey (1983).

The lack of more substantive findings between clinical judgement and demographic variables may be a reflection of the true state of things. There may be, in fact, no relationships to be found. On the other hand, there may be problems and limitations with the subjects of this study, the instruments, or both. Regarding the subjects, it is important to note that students differ from practitioners in terms of their social work knowledge and practice experience. Therefore, students lack the ability to make thorough clinical judgements. As noted by Miller (1966), the reliability of clinical judgement instruments is a function of social work practice experience. Consequently, inconsistent results in clinical judgement may be in part due to the lack of student experience in performing this task. Contrary to this assumption, Friedlander and Phillips (1984) found that inexperienced students made less clinical judgement errors than did experienced clinicians.

With regard to the instruments, it is impossible to determine if clinical judgements were based on the androgynous personality of the client, her presenting problem, her sex, age, life situation, social class, or an interaction of these factors (Smith, 1980). For instance, the negative clinical judgements of some students may be related to their negative views regarding the presenting problem of the client rather than to the androgynous characteristics of the client. Smith (1980) recommended that studies of counsellor judgements include more than one

case history. She indicated that cases should differ from each other so as to be able to analyze the dependent variables separately by case. Therefore, it is difficult to determine if clinical judgements are made in relation to an androgynous client or other stimuli.

Some of the specific items of the clinical judgement instrument present difficulties. Clinical judgement items such as level of intelligence, maturity and disturbance are clear as to whether they are a positive or a negative assessment of the mental health of the client (Fischer et al., 1976). According to Fischer et al., the direction in two other items, however, lend themselves to different interpretations. For instance, beliefs regarding the need to encourage the client to be emotionally expressive may have a less clear meaning. This item may be viewed as supporting the stereotype that women "should be" more emotionally expressive than men. It may also indicate the practice orientation of the social worker in terms of the importance of being able to express feelings (Fischer et al., 1976). Similar interpretations can be made regarding the preference for a more permissive approach towards the androgynous client during treatments. Preference for a permissive counselling approach reflects the theoretical orientation of the student. A permissive approach towards treatment may also indicate that judges favour a more permissive atmosphere for female clients than for male clients. These ambiguous items may affect the clinical



judgement of inexperienced students which, in turn, may result in inconsistent findings.

Sex Role Identity and Clinical Judgement  
of Social Work Students

There was no significant relationship between the sex role categories and most clinical judgement items. Four clinical judgement items, however, were found to be related significantly to the sex role identity of social work students.

The four significant relationships involved differences in clinical judgement items between the undifferentiated category and the other three sex role categories. Sex role category significantly affected the perception of students of the overall level of emotional maturity of the client. The Sheffe procedure, however, did not find any two sex role categories to be significantly different from each other. Nevertheless, the data indicated that the undifferentiated respondents perceived the client to be more immature (mean = 3.75) than did the feminine (mean = 3.25), masculine (mean = 2.90) or the androgynous (mean = 2.56).

Other significant findings indicate that undifferentiated students perceived the client to be less disturbed than did those students who were classified as masculine. Further, undifferentiated students perceived the client to be less intelligent and to need less warmth and support than did those students who were classified as masculine, feminine or androgynous.

Analysis of the relationships between the other clinical judgement items and sex role identity, which were not significant, suggest that undifferentiated students assessed the androgynous client more negatively than did students in the other three sex role categories. For instance, undifferentiated students gave a more unfavourable prognosis, would not encourage the client to be more self-reliant and would be more unenthusiastic to have Mrs. T as a client than would students in the other sex role categories.

The literature indicated that undifferentiated persons had more psychological problems than persons in other sex role categories. They were found to be lowest in nurturant behaviour and in self-reported intimacy. They also were lowest in self-esteem and were more alienated, withdrawn and depressed than persons in other sex role categories (Cook, 1985).

As mentioned above, the incidence of the undifferentiated category, mainly among graduate students, could be the result of pressures to conform to the Master's program. Students experienced the stressors for term paper and field placement in the month of March, at the time of the data collection. Students may have symptoms similar to those of practitioners experiencing job burnout. The literature indicates that social workers experiencing burnout tend to perceive their clients negatively (Daley, 1979; Pines & Maslach, 1978). Undifferentiated students, therefore, may

tend to have negative judgements about their clients regardless of their sex or sex role of the client.

The relationship between sex role identity and client groups (by sex) with which respondents preferred to work was significant. All groups preferred working with females. Only one of the nine undifferentiated students (11.1%) and two of the 23 feminine respondents (8.6%) preferred to work with males. Six of the 18 masculine respondents (33.3%) and nine of the 26 androgynous students (34.6%) indicated a preference to work with males. Thus, masculine and androgynous respondents were about three times as likely as feminine and undifferentiated respondents to prefer to work with males. Nevertheless, in this sample there was a distinct preference to work with female clients. This is curious considering that most clients seen by social workers are females (Davis & Brook, 1985; Rauch, 1976).

Finally, the eleven clinical judgement items were collapsed into three summary variables: diagnosis, treatment and attitudes. No significant relationship was found between any of the three summary clinical judgement variables and the sex role of students.

Given the lack of relationship between sex role identity of students and clinical judgement, it can be concluded that sex role identity of students does not automatically produce stereotyping in clinical judgement of a female androgynous client. This finding is consistent with Dailey (1983) who found only one of the eleven clinical

judgement items to be significantly related to the sex role identity of the social worker. He found that androgynous social workers would encourage clients to be more emotionally expressive than would feminine social workers. Similarly, Weinberg (1981) did not find a significant relationship between sex role identity of students and attitudes towards women. These findings may indicate that students and practitioners are successful in managing their sex biases in a practice situations. Social work education emphasizes the need to base social work practice on knowledge and eliminate discrimination (Kravetz, 1982).

Other interpretations, however, can be made of the relationship between sex role identity and clinical judgement of social work students. These interpretations may be related to the inexperience of the students in clinical judgement and social work practice. Limitations of the instruments used also may be a contributing factor. It is possible that the few significant relationships found between sex role identity of students and their clinical judgement are a consequence of these limitations.

### Summary

#### Demographics

The findings describing the sample indicate that there was a very high response rate. This can be attributed to the use of a group administered questionnaire survey. It can also be explained in terms of the setting selected for the data collection. The data collection was completed

during a Social Work practice course. Each section of this course is composed of a small number of students. In addition, students taking this course are highly motivated by social work practice issues.

The high proportion of females in the sample confirms that social work continues to be a "female" field. Most students were young, single, and had no social work employment experience. The majority of students were undergraduate and full-time. The School of Social Work at the University of Windsor is mainly an undergraduate school where part-time studies are discouraged.

As expected, graduate students were older and had more years of employment experience than undergraduates students. Undergraduate students, however, had more volunteer experience than graduate students. This can be the result of recent efforts of the School of Social Work to involve students in volunteer activities. It is also possible that undergraduate students wished to acquire more exposure to practice. Undergraduate students may have recalled their volunteer activities better than did graduate students, since it was more recent.

Males engaged in significantly more years of volunteer activities than females. This may be the result of a different socialization process between the sexes. Men are encouraged to seek rewards and independence outside the family system. This finding, however, should be taken with caution due to the small size of the male sample.

### Sex Role Identity

The largest group of social work students were classified as androgynous. This category was closely followed by the feminine and masculine categories. A small percentage of students were classified as undifferentiated.

It may be assumed that the largest group in this sample is psychologically healthier than those who were classified as feminine or undifferentiated.

The sex role identity of students was analyzed in terms of demographic variables. Graduate and undergraduate students differed significantly in terms of their sex role identity. The high percentage of feminine undergraduate students can in part account for this difference. Graduate students were least represented in the feminine category.

The high proportion of feminine undergraduate students may be explained by the social work-education system and by the interaction of variables related to the sex, age, and developmental stage. It can also be explained by the lack of social work experience of undergraduate students. The high proportion of androgynous graduate students may also be a function of a maturation process and social work employment experience. Androgynous traits may also be valuable for pursuing a Master's degree.

Significant differences between graduate and undergraduate students in terms of their sex role identity was related to the high proportion of undifferentiated graduate students. While the largest group of graduate students was



classified as androgynous, the second largest category was the undifferentiated. Undergraduates were least represented in the undifferentiated category. According to the literature, undifferentiated persons have more psychological problems than do persons in the other sex role categories. It is possible that these students were reacting to the pressures to conform to the requirements of the Master's program at the time of the data collection.

There was a high proportion of masculine graduate students. This may be attributed to the need of students to exercise masculine traits in order to conform to the requirements of a Master's program with a strong research orientation.

There was a significant difference between the sex role identity of the 1986 fourth year students and that of the 1981 fourth year students in the study conducted by Weinberg (1981). This difference can be accounted for in part by the predominance of the feminine category among the 1986 fourth year students. The feminine and the undifferentiated categories were the least represented in the 1981 fourth year sample. The largest group among the 1981 students was the androgynous category. The high percentage of feminine fourth year students in the 1986 sample as compared to the 1981 sample can be explained as a result of the conservative climate of the recent years.

There was no significant difference when comparing the sex roles of 1986 graduate students and 1981 practitioners.

In fact, 1986 graduates and 1981 practitioners had some similarities in terms of sex roles. While the highest percentage of the 1986 graduate students was in the androgynous category, the largest group for the 1981 practitioners was the masculine category. The high incidence of masculine and androgynous persons in these two samples may indicate that perhaps it is the masculine traits that are more valuable in a job situation. These two main categories were followed in both samples by the undifferentiated category. The high incidence of undifferentiated practitioners can be explained in terms of possible job burnout. Graduate students might experience a period of anxiety due to pressures of the Master's program.

#### Clinical Judgement

The clinical judgement of students was assessed in relation to demographic variables. Older students judged the client significantly more positively than did younger students on three clinical judgement items. In addition, older students assessed the androgynous client more positively than did younger students on other clinical judgement items. These differences, however, were not significant. This finding suggests that older students may have identified more with the client in the case history than did younger students due to their similar life experiences.

Students with more social work employment experience had a more unfavourable prognosis of the client than did



students with fewer years of employment experience. Students with more years of social work employment experience may perceive marital problems to be more difficult to treat. It is also possible that students with more years of employment experience have a more realistic clinical picture than did those with fewer years of employment experience. These students may also make more clinical judgement errors than students with less years of employment experience.

Students with more volunteer experience tended to rate the client more negatively than did those with less volunteer experience. These findings were in part explained by the perception of students of the difficulties in treating marital problems. It is also possible that more experienced students have a more realistic view of treatment outcome. Another possibility is that experienced students may make more clinical judgement errors than inexperienced students. Possibly students with more volunteer experience perceive the androgynous female client to be too independent and assertive. Therefore, they may tend to make more negative clinical judgements.

It was also found that students who preferred to work with the aged had significantly more years of social work volunteer experience. Volunteers enjoy working with the aged or with clients who are in a dependent position and when clients are appreciative.

Males found the client to be less intelligent than did females. This relationship, however, should be taken with caution due to the small size of the male sample.

#### Sex Role Identity and Clinical Judgement

In terms of sex role identity of students and clinical judgement only four relationships were found significant. Mostly, undifferentiated students judged the client more negatively than student in other sex role categories. Sex role identity affected the perception of respondents of the overall level of emotional maturity of the client. The Sheffe procedure, however, did not find any two sex role categories to be significantly different from each other. Undifferentiated students perceived the client to be less disturbed than did those who were classified as masculine. Undifferentiated students perceived the client to be less intelligent than did those who were classified as androgynous, masculine or feminine. Undifferentiated students perceived the client to need less support and warmth than did those who were classified as masculine, feminine or androgynous. Non-significant relationships between sex role identity of students and other clinical judgement lend additional support to the finding that undifferentiated students rated the androgynous female client more negatively than did students in other sex role categories. It is possible, however, that undifferentiated students would rate their clients negatively regardless of the sex or sex role of the client.

The relationship between sex role identity and client groups (by sex) with which respondents prefer to work was found significant. Students in all sex role groups preferred to work with females. Androgynous and masculine students, however, were three times more likely than feminine and undifferentiated students to prefer to work with males. Nevertheless, there was a distinct preference to work with female clients in this sample. This is a curious finding considering that most social workers prefer to work with females.

No significant findings were found when the clinical judgement items were collapsed into three summary variables: diagnosis, treatment and attitudes. On the basis of the above findings, it was concluded that sex role identity of students is not related to clinical judgement. This may indicate that social work students are successful in managing their sex bias in a practice situation.

The results of this study may reflect the inexperience of the students in the clinical judgement process. The findings can also be the result of the limitations of the scoring procedures of the BSRI. There are also limitations in using the one case history of an androgynous client. Clinical judgements of students may be related to other variables besides the androgynous characteristics of the client depicted in the case history. Further, some of the items in the clinical judgement inventory instrument are unclear in their meaning.

## CHAPTER VI

### CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to explore the clinical judgement of social work students in terms of their sex role identity. Two research questions guided this study: First, What proportions of social work students fall into each of the masculine, feminine, androgynous, and undifferentiated sex roles? and Second, Is there a relationship between the sex role identities of social work students and their clinical judgement?

In order to answer the research questions a group administered questionnaire survey was used. The survey included four instruments. These were: a case history of a female androgynous client, a clinical judgement inventory, the Bem Sex Role Inventory (BSRI) to assess the sex roles of social work students, and a demographic information questionnaire. The androgynous female client was chosen as a stimulus to assess the clinical judgement of social work students. Androgynous traits have been found to be adaptive to the present social reality. The rationale for the choice of the sex of the client was that most clients seen by social workers are females.

The survey was completed by 81 students. Of these, 21 were graduates and 60 were undergraduates. Several

statistical tests were used to answer the research questions.

### Major Findings

#### The Sex Role Identity of Social Work Students

The largest group of social work students were classified as androgynous (27 or 33%). This category was closely followed by the feminine category (25 or 30.9%). A smaller percentage of students were classified as masculine (20 or 24.7%). Only nine (11.1%) were in the undifferentiated category.

#### Sex Role Identity and Student Level

1) There was a significant difference between graduate and undergraduate students regarding their sex role identity. While most graduate students were classified as androgynous (7 or 33.3%), undergraduate students were mostly in the feminine category (22 or 36.7%). The feminine category was the least represented among the graduate students (3 or 14.3%). There was a high percentage of androgynous persons (20 or 33.3%), however, among undergraduate students, followed by the masculine category (15 or 25%). On the other hand, the highest percentage of graduate students next to the androgynous category was the undifferentiated (6 or 28.6%), closely followed by the masculine category (5 or 23.8%).

Comparison of Sex Role Identity  
Between the 1986 and 1981 Samples

1) There was a significant difference between the sex role identity of the 1986 fourth year students and that of the 1981 fourth year students in the study conducted by Weinberg (1981). The largest group of 1981 students fell into the androgynous category (11 or 34.3%). The largest group of 1986 fourth year students was in the feminine category (22 or 36.7%). For the 1981 student group, the least represented categories were the feminine and the undifferentiated (6, or 18.8% in each). The least represented category for the 1986 sample of fourth year students was the undifferentiated (3 or 5%).

2) There was no significant difference between the sex role identity of the 1986 graduate students and that of the practitioners in Weinberg (1981). Most of the 1986 graduate students, however, were classified as androgynous (7 or 33.3%), while most of the 1981 practitioners were masculine (20 or 30.8%). For both the 1986 and the 1981 samples the most represented sex role category was followed by the undifferentiated classification (6, or 28.6%, and 17, or 26.2% respectively). The lowest percentage of the 1986 graduate students was in the feminine category (3 or 14.3%). For the 1981 practitioners the lowest percentages were in the feminine and the androgynous categories (14, or 21.5%, in each).

### Clinical Judgement and Demographic Information

1) Older social work students tended to be more permissive in treatment of the client than were younger students.

2) Older social work students tended to encourage the client to be less home and family oriented than did younger students.

3) Older social work students had a more positive attitude toward the client than did younger students.

4) Age of students was significantly related to the client groups (by age) with which students preferred to work. Older social work students preferred to work with middle-aged clients while younger students preferred to work with children and adolescents.

5) Students with employment experience had a more unfavourable prognosis of the client than did students with no employment experience.

6) Social work students with more years of social work experience had a more unfavourable prognosis of the client than did students with fewer years of employment experience.

7) Students with volunteer experience perceived that the client needed less warmth and support than did those who had no volunteer experience.

8) Students with more years of volunteer experience had a more unfavourable prognosis of the client than did students with fewer years of volunteer experience.

9) Students with more years of volunteer experience would encourage the client to be less home and family oriented than would students with fewer years of volunteer experience.

10) Years of volunteer experience was significantly related to the client groups (by age) with which students preferred to work. Students who preferred to work with the aged had significantly more years of volunteer experience than did students who preferred to work with the middle-aged.

11) Male students judged the client to be less intelligent than did females students.

#### Sex Role Identity and Clinical Judgement of Social Work Students

Four clinical judgement variables were found to be related significantly to the sex role identity of social work students.

1) Sex role identity affected the perception of respondents of the overall level of emotional maturity of the client. The Sheffe procedure, however, did not find any two sex role categories to be significantly different from each other.

2) Undifferentiated students perceived the client to be less disturbed than did those who were classified as masculine.



3) Undifferentiated students perceived the client to be less intelligent than did those who were classified as androgynous, masculine or feminine.

4) Undifferentiated students perceived the client to need less support and warmth than did those who were classified as masculine, feminine or androgynous.

### Sex Role Identity and Client Groups

#### (by Sex) with which Respondents Prefer to Work

The relationship between sex role identity and client groups (by sex) with which respondents preferred to work was significant. All groups preferred working with females. Only one of the nine undifferentiated students (11.1%) and two of the 23 feminine respondents (8.6%) preferred to work with males. Six of the 18 masculine respondents (33.3%) and nine of the 26 androgynous students (34.6%) indicated a preference for working with males. Thus, masculine and androgynous respondents were about three times as likely as feminine and undifferentiated respondents to prefer to work with males.

### Sex Role Identity and Diagnosis,

#### Treatment and Attitude Variables

Summary clinical judgement variables (diagnosis, treatment and attitudes) were not significantly related to the sex role identity of social work students.

### Conclusions

Androgynous traits are useful for the social work profession, in particular for social work practice. A high

percentage of students, however, have not incorporated the concept of androgyny. There is a high percentage of feminine students among 1986 undergraduates, but feminine traits alone are not considered sufficient for social work practice. The 1986 graduate students and 1981 practitioners, on the other hand, had some similarities in terms of sex roles.

From these findings, however, it may be inferred that sex roles might change according to the life situation of individuals. Therefore, sex roles may be amenable to change as a result of manipulation of the environment.

Older students assessed the androgynous client more favourably than did younger students. This may reflect that older students identified more with the client than did younger students. If so, it is not possible to ascertain if this identification is with the behaviour of the client or with her demographics.

Students with social work experience had a more unfavourable prognosis of the client than did students with no social work experience. This is a curious finding considering that no other relationship between other clinical judgement variables and employment experience was found significant. Published research suggests that experienced social workers tended to make more clinical judgement errors than did less experienced social workers. Perhaps this negative prognosis is an error of judgement

given the inconsistency with the other clinical judgement items.

Another curious finding is that students with more volunteer experience tended to rate the client more negatively than did those with less volunteer experience. It is possible that students with more years of volunteer experience perceived the client to be too independent and assertive. Information on the types of volunteer experience was not available, so it was not possible to explore whether different types of volunteer experience could result in differences in clinical judgement. The findings, however, suggest that volunteer social work experience is qualitatively different from social work employment experience in terms of clinical judgement.

Only one clinical judgement item was found to be significantly related to sex of the students. Male students judged the client to be less intelligent than did female students. This relationship, however, should be taken with caution. This relationship was significant at the .10 level. Further, the male sample size was small.

Only four clinical judgement items were found to be related significantly to the sex role identity of social workers. Sex role identity affected the perception of respondents of the overall level of emotional maturity of the client. The Sheffe procedure, however, did not find any two sex role categories to be significantly different from each other. Further, undifferentiated students perceived

the client to be less disturbed than did those who were classified as masculine. In addition, undifferentiated students perceived the client to be less intelligent than did those who were classified as androgynous, masculine or feminine. Finally, undifferentiated students perceived the client to need less support and warmth than did those who were classified as masculine, feminine or androgynous. Mostly, undifferentiated students judged the client more negatively than did student in the other sex role categories. Possibly undifferentiated students may be experiencing burnout due to the pressures of meeting the requirements of their educational program. This finding and published research lend to the conclusion that undifferentiated students may have negative judgements about clients regardless of the sex, sex role, or other characteristics of these clients.

Given the distribution of sex role identity, the preponderance of females in the sample, and the fact that most social work clients are females, it was not surprising to find that a large majority of respondents preferred working with women. It was interesting to observe, however, that masculine and androgynous respondents were much more likely to indicate a preference to work with male clients. This finding suggests that individuals scoring highly on the masculinity dimension of the BSRI would feel more comfortable working with males than would those with low masculinity scores.

Overall, however, the relationship between clinical judgement (including summary variables) and sex role categories was inconsistent and mostly not significant. The lack of more substantive findings between clinical judgement and sex roles may be a reflection of the true state of things. There may be, in fact, no relationship to be found. In such case, it would be concluded that sex role identity of students is not related to clinical judgement. This would indicate that social work students are successful in managing their sex bias in a practice situation. On the other hand, there may be relationships, but there may be problems and limitations with the subjects of this study, the instruments, or both. Thus, the relationship between sex role identity of social work students and their clinical judgement remains inconclusive and further research is necessary.

#### Recommendations

As a result of the research findings and the review of the literature, recommendations were developed for the following areas: education, practice and research.

##### Education

The following measures are recommended to the School of Social Work in light of the changes, at the undergraduate level, in terms of the sex role of students. These measures are also based on the inconclusive findings on the relationship between the sex role identity of social work students and their clinical judgement. The purpose of these

measures is to increase the way in which personal values of individuals interact with sex roles and affect practice with clients. By doing so, sexism in social work practice and in the profession as a whole can be reduced.

1) That the concept of androgyny be included in intervention courses. This would emphasize the value of both masculine and feminine traits in social work practice.

2) That the School of Social Work curriculum include a course on women's studies.

3) That the School of Social Work select text books that include gender related issues and discard text books that include sexist material.

4) That the issue of the relationship between gender and clinical judgement be addressed in social work practice courses.

5) That inclusive language be required in all student's assignments, and that inclusive language be used in all School of Social Work documents.

6) That female students be encouraged to pursue the administration subspecialization, and that male student be encouraged to pursue the intervention subspecialization.

7) That more female faculty members be hired. This would not only provide more role models for students but would be consistent with developing University policy.

8) That the teaching loads of faculty members be balanced in terms of masculine (e.g. research) and feminine (e.g. intervention) subject matter. The issue of gender

could then be addressed more effectively. Further, researchers are mostly viewed in terms of masculine sex roles while clinicians are mostly characterized by female traits. Academics teaching in both research and social work practice courses will provide a positive role model for social work students.

9) That the School of Social Work maintain a close contact with social agencies in the community in order to become aware of the dynamics of sexism in the profession. By doing so, both the School of Social Work and agencies can work together to devise strategies to counteract sexism.

#### Intervention

The findings suggest that a number of strategies need to be developed for the provision of services to clients. The following recommendations are made at the intervention level.

1) That the concept of androgyny be introduced in intervention as a mental health ideal for both male and female clients.

2) That practitioners be trained for androgynous counselling.

3) That practitioners become aware of the impact of traditional sex roles on their clients.

4) That practitioners become aware of their personal values regarding sex roles and how these values may affect their clinical judgement process.

5) That clients be made aware of how conforming to rigid sex roles affects their mental health.

6) That clients be made aware of the social sources of some of their problems.

7) That practitioners remain aware of the limitations and constraints that androgynous behaviour may have on their clients.

8) That social agencies devise strategies to ameliorate the effects of job burnout and sexism in the profession.

#### Research

The following recommendations for research were based on the findings of the study, taking into account the limitations of the sample and instruments used, as well as information found during the literature review:

1) That studies similar to the present one be conducted with a larger student sample in order to confirm or refute the present findings.

2) That a future sample include a larger number of male subjects.

3) That similar studies be carried out with practitioners for comparative purposes.

4) That longitudinal studies be conducted in order to measure the changes of sex role of students across time.

5) That similar studies be carried out with other instruments (sex role and clinical judgement inventories) in order to ascertain the validity of the findings.



6) That a larger sample be used so that studies of clinical judgement can include more than one case history.

7) That studies explore the relationship between age of students and/or practitioners and salient characteristics of clients.

8) That studies be carried out comparing experienced and inexperienced social workers. This will allow researchers to determine if experienced social workers are more prone to clinical judgement errors than would inexperienced social workers.

9) That studies explore the relationship between type of volunteer experience and clinical judgement.

10) That future research focus on the effects of the undifferentiated personality and job burnout, on clinical judgement as well as on the effect of job burnout on sex roles.

11) That qualitative designs be developed in order to assess stereotyping within the interview process. Deaux (1984) indicated that stereotyping is a multidimensional concept in which several variables besides sex and sex role of the judge and client interact. Further, stereotyping involves an active process between practitioner and client. Consequently, stereotyping may best be analyzed with qualitative measures or a combination of qualitative and quantitative measures.

### Hypotheses for Future Research

One of the purposes of exploratory studies is to generate hypotheses for subsequent research. The following hypotheses have been developed for future research:

- 1) The proportion of androgynous and masculine persons will be larger among graduate students than among undergraduate students.
- 2) The sex role distribution of graduate students will be similar to that of practitioners.
- 3) Students with social work employment experience will make more unfavourable prognosis of clients than will students with no social work employment experience.
- 4) Students with more years of volunteer experience will make more negative clinical judgements of clients than will students with less years of volunteer experience.
- 5) Undifferentiated persons will make more negative clinical judgements of their clients than will masculine, feminine or androgynous persons, regardless of the sex or sex roles of the client.
- 6) Androgynous and masculine students are more likely to prefer to work with male clients than are feminine and undifferentiated students.
- 7) A majority of social work students will prefer to work with female clients rather than with male clients.

### Summary

The purpose of this study was to explore the clinical judgements of social work students in terms of their sex

role identity. The findings, while inconclusive with regard to the effect of sex role identity on clinical judgement, clearly demonstrate that the objectives of the study were accomplished and that future research in the area is necessary. A number of recommendations for social work education, practice, and research were formulated on the basis of the literature review and the empirical findings.

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## APPENDIX A

### Data collection instrument



February 1986

Dear Student,

I would appreciate your giving a few minutes of your time to complete the attached questionnaire, which is the data gathering instrument for the M.S.W. thesis I am completing under the supervision of Dr. Rosemary Cassano.

In this project we are exploring the relationship between individual characteristics and the diagnosis of client problems. To be able to do so, we need your input. Please read the attached case history and then answer the questions that follow it.

Then complete the Personality Inventory, an instrument that assesses personality characteristics. Finally, complete the questions about demographic information.

Please complete the questionnaire anonymously: do not write your name anywhere on it. The data will be treated with complete confidentiality, and the questionnaires themselves will be destroyed after the data is entered on a computer.

Thank you very much for your cooperation.

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## CASE SUMMARY

Mrs. T. is a thirty-five year old social studies teacher at a local public school. She has a bachelor's degree from the University and has been teaching for seven years. Married for ten years, she has two children, a boy, five, and a girl, seven. Mrs. T. came to the agency for marriage counselling. According to Mrs. T., "my husband has lost all interest in sex."

Mrs. T. described herself as both an energetic and easy going person who gains much pleasure from her children and her work. Very neat in appearance, she presented herself in a courteous manner and walked briskly into the counsellor's office.

When asked to explain the problem as she saw it, she appeared close to tears, yet was able to control herself enough to state that she felt she was a reasonable person who had thought about the problem a great deal. "I know that both the husband and wife are equally responsible for each other's sexual satisfaction, and I know that I would also not be comfortable trying to meet my sexual needs outside of the marriage."

The counsellor asked Mrs. T. how she would like her husband to be in the sexual relationship. She responded quickly and in a controlled manner, although appearing somewhat embarrassed, by saying that although she tried to be understanding she felt that their sexual activity was too infrequent and her husband did not fulfill his responsibility. She continued, "If I had known marriage was going to be like this perhaps I would have given it some second thought. You know, before we were married, my husband and I were both eager to have sex and seemed very involved. Now we seldom initiate any sexual activity with each other and the few times that we do have sex it's not very satisfying."

At this point the counsellor further explored Mrs. T.'s feelings about the situation, and the interview continued.

## QUESTIONNAIRE

We realize that responding to the following questions may be difficult without more information. However, we are asking only for your initial responses to the preceding very brief case summary. Please answer all questions. Circle the appropriate number; the numbers below each question represent a sliding scale from 1 to 6. We very much appreciate your cooperation and involvement.

1. What do you think is the client's over-all level of emotional maturity?  
mature 1 2 3 4 5 6 immature
2. What do you think is the prognosis in treatment?  
very favourable 1 2 3 4 5 6 very unfavourable
3. What do you think is the over-all degree of disturbance in the client?  
seriously disturbed 1 2 3 4 5 6 little disturbed
4. What do you think is the client's general level of intelligence?  
superior intelligence 1 2 3 4 5 6 low intelligence
5. Would you encourage the client to be more self-reliant?  
would encourage 1 2 3 4 5 6 would not encourage
6. How much warmth and support do you feel this client will need in treatment?  
a great deal 1 2 3 4 5 6 very little
7. Would you tend to be very strict or permissive with this client (directive or non-directive)?  
very strict 1 2 3 4 5 6 very permissive
8. Would you encourage the client to be more home and family oriented?  
would encourage 1 2 3 4 5 6 would not encourage
9. How enthusiastic would you be to have this person as an actual client?  
very enthusiastic 1 2 3 4 5 6 very unenthusiastic
10. How would you characterize your personal reaction (attitude) toward this client?  
very positive 1 2 3 4 5 6 very negative
11. Would you encourage this client to be more emotionally expressive?  
would encourage 1 2 3 4 5 6 would not encourage
12. Check the one category in each of the following groups with which you think you work the best:
 

A. <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Young adults <input type="checkbox"/> Middle aged <input type="checkbox"/> Aged	B. <input type="checkbox"/> Males <input type="checkbox"/> Females
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## PERSONALITY INVENTORY

In this inventory, you will be presented with 60 personality characteristics. You are to use those characteristics in order to describe yourself. That is, you are to indicate, on a scale from 1 to 7, how true of you these various characteristics are.

Circle your responses. Please do not leave any characteristic unmarked.

	Never or almost never true				Always or almost always true		
1. Self-reliant	1	2	3	4	5	6	7
2. Yielding	1	2	3	4	5	6	7
3. Helpful	1	2	3	4	5	6	7
4. Defend own beliefs	1	2	3	4	5	6	7
5. Cheerful	1	2	3	4	5	6	7
6. Moody	1	2	3	4	5	6	7
7. Yielding	1	2	3	4	5	6	7
8. Shy	1	2	3	4	5	6	7
9. Conscientious	1	2	3	4	5	6	7
10. Athletic	1	2	3	4	5	6	7
11. Affectionate	1	2	3	4	5	6	7
12. Theatrical	1	2	3	4	5	6	7
13. Assertive	1	2	3	4	5	6	7
14. Flatterable	1	2	3	4	5	6	7
15. Happy	1	2	3	4	5	6	7
16. Strong personality	1	2	3	4	5	6	7
17. Loyal	1	2	3	4	5	6	7
18. Unpredictable	1	2	3	4	5	6	7
19. Forceful	1	2	3	4	5	6	7
20. Feminine	1	2	3	4	5	6	7
21. Reliable	1	2	3	4	5	6	7
22. Analytical	1	2	3	4	5	6	7
23. Sympathetic	1	2	3	4	5	6	7
24. Jealous	1	2	3	4	5	6	7
25. Have leadership abilities	1	2	3	4	5	6	7



	Never or almost never true				Always or almost always true			
26. Sensitive to the needs of others	1	2	3	4	5	6	7	
27. Truthful	1	2	3	4	5	6	7	
28. Willing to take risks	1	2	3	4	5	6	7	
29. Understanding	1	2	3	4	5	6	7	
30. Secretive	1	2	3	4	5	6	7	
31. Make decisions easily	1	2	3	4	5	6	7	
32. Compassionate	1	2	3	4	5	6	7	
33. Sincere	1	2	3	4	5	6	7	
34. Self-sufficient	1	2	3	4	5	6	7	
35. Eager to soothe hurt feelings	1	2	3	4	5	6	7	
36. Conceited	1	2	3	4	5	6	7	
37. Dominant	1	2	3	4	5	6	7	
38. Softspoken	1	2	3	4	5	6	7	
39. Likable	1	2	3	4	5	6	7	
40. Masculine	1	2	3	4	5	6	7	
41. Warm	1	2	3	4	5	6	7	
42. Solemn	1	2	3	4	5	6	7	
43. Willing to take a stand	1	2	3	4	5	6	7	
44. Tender	1	2	3	4	5	6	7	
45. Friendly	1	2	3	4	5	6	7	
46. Aggressive	1	2	3	4	5	6	7	
47. Gullible	1	2	3	4	5	6	7	
48. Inefficient	1	2	3	4	5	6	7	
49. Act as a leader	1	2	3	4	5	6	7	
50. Childlike	1	2	3	4	5	6	7	
51. Adaptable	1	2	3	4	5	6	7	
52. Individualistic	1	2	3	4	5	6	7	
53. Do not use harsh language	1	2	3	4	5	6	7	
54. Unsystematic	1	2	3	4	5	6	7	
55. Competitive	1	2	3	4	5	6	7	
56. Love children	1	2	3	4	5	6	7	
57. Tactful	1	2	3	4	5	6	7	
58. Ambitious	1	2	3	4	5	6	7	
59. Gentle	1	2	3	4	5	6	7	
60. Conventional	1	2	3	4	5	6	7	

## DEMOGRAPHIC INFORMATION

Please answer the following questions.

1. What is your age?

\_\_\_\_\_ years.

2. Sex:

- ☐ Male  
☐ Female

3. Marital status:

- ☐ Single, never married  
☐ Married  
☐ Divorced  
☐ Separated  
☐ Widowed  
☐ Other (Specify: \_\_\_\_\_)

4. Are you an undergraduate or a graduate student?

- ☐ Undergraduate  
☐ Graduate

5. Are you a full-time or a part-time student?

- ☐ Full-time  
☐ Part-time

6. What is your citizenship/residence status?

- ☐ Canadian  
☐ Landed immigrant (permanent resident)  
☐ Visa student  
☐ Other (Please specify: \_\_\_\_\_)

7. Have you been employed as a social worker?

- ☐ No (go to question 9)  
☐ Yes

8. If "yes", for how many years? \_\_\_\_\_

9. Have you had any experience as a volunteer working with clients in a social agency?

- ☐ No  
☐ Yes

10. If "yes", for how many years? \_\_\_\_\_

## APPENDIX B

Pearson correlation coefficients between  
the clinical judgement variables

### Correlations between clinical judgement variables

In order to test the relationships between the clinical judgement variables, the Pearson correlation was used.

Table A shows the Pearson correlation coefficients between the clinical judgement variables. Of the 55 correlations, 31 were found to be significant at the .10 level or better.

According to Guilford's suggested interpretation for values of  $r$ , the strength of the associations shown in Table A ranges from slight to definite but small (Sprinthall, 1982).

The correlations between the eleven clinical judgement variables suggest that they are tapping the same underlying construct and give some support to the instrument's reliability.

**Table A. Pearson correlation coefficients between clinical judgement variables**

		2	3	4	5	6	7	8	9	10	11
1. Maturity	r=	.25**	-.13	.26**	.05	-.15*	-.37***	.01	.05	.09	.33***
	n=	79	79	79	79	79	79	79	79	78	79
2. Prognosis	r=		-.22**	.17*	-.12	-.01	-.18*	.05	.25**	.17*	.26***
	n=		81	81	81	81	81	81	81	80	81
3. Disturbance	r=			-.04	.27***	.05	.25**	-.10	-.19**	.04	-.30***
	n=			81	81	81	81	81	81	80	81
4. Intelligence	r=				.29***	-.14*	-.02	.25**	.33***	.27***	.17*
	n=				81	81	81	81	81	80	81
5. Wrath	r=					.15*	-.09	.15*	.14*	.17*	.17*
	n=					81	81	81	81	80	81
6. Self-reliance	r=						-.05	-.17*	-.06	.12	-.11
	n=						81	81	81	80	81
7. Directive	r=							.07	-.13	-.12	-.20**
	n=							81	81	80	81
8. Home & family	r=								.15*	-.02	.01
	n=								81	80	81
9. Expressiveness	r=									.24**	.34***
	n=									80	81
10. Enthusiasm	r=										.37***
	n=										80
11. Attitude											

\* Significant at  $p < .10$   
 \*\* Significant at  $p < .05$   
 \*\*\* Significant at  $p < .01$

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### VITA AUCTORIS

Vivian S. Cattaneo was born February 9, 1942 in Buenos Aires, Argentina. She completed her elementary and secondary education in Argentina. Ms. Cattaneo attended the Escuela Normal No. 10 in Buenos Aires, where she received her teaching diploma in 1961.

In 1963 Ms. Cattaneo entered the University of Buenos Aires, Faculty of Architecture, where she completed three years of academic studies. From 1966 till 1972 she worked as an English school teacher, interior decorator and sales person.

In 1977 Ms. Cattaneo moved to Ann Arbor, Michigan, where she became a Childbirth Educator and assisted in post-natal exercise courses through Family Life Forum, Ann Arbor, Michigan.

In 1980 Ms. Cattaneo moved to Windsor, Ontario. She enrolled in the Bachelor of Social Work program at the University of Windsor as a part-time student in September of 1980. In 1982 she became a full-time student and in the Spring of 1985 she completed her Honours Bachelor of Social Work. Her fourth year field practicum was at the Community Mental Health Clinic at Windsor Western Hospital.

During her Bachelor program Ms. Cattaneo was awarded the Raechel Soblansky Kaplan Memorial Social Work Bursary and the Dean Ruth Scholarship.

In the Fall of 1985 Ms. Cattaneo entered the Master of Social Work program at the University of Windsor. She completed her graduate field practicum at Harper Hospital in Detroit, Michigan. During the program she also served as a Graduate Research Assistant. In 1985-86 Ms. Cattaneo was awarded the Ontario Graduate Scholarship.

On May 8, 1986 Ms. Cattaneo gave a presentation at the Detroit Children's Center Spring Conference entitled "An agency-based research project with high risk families: enhancing the self-image of the abused child, and increasing positive interactional patterns in the family".